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Chicago (Ill.) Municipal Tuberculosis Sanitarium

The municipal control of tuberculosis in Chicago

Chicago

1915

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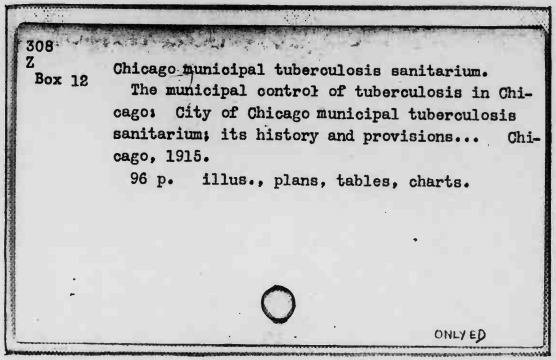
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THE MUNICIPAL CONTROL *of* TUBERCULOSIS IN CHICAGO

City of Chicago Municipal Tuberculosis Sanitarium

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ITS HISTORY *and* PROVISIONS

CHICAGO
1 9 1 5

City of Chicago Municipal Tuberculosis Sanitarium

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BOARD OF DIRECTORS

THEODORE B. SACHS, M. D. - - President
GEORGE B. YOUNG, M. D. - - - Secretary
W. A. WIEBOLDT

□ □ □

FORMER MEMBERS OF BOARD

HARLOW N. HIGINBOTHAM WM. A. EVANS, M. D.

□ □ □

GENERAL OFFICE

105 West Monroe Street
Telephone Central 8644

FRANK E. WING - - Administrative Secretary

□ □ □

SANITARIUM

North Crawford and Bryn Mawr Avenues
Telephone Monticello 3500

J. W. COON, M. D. - Superintendent and Medical Director

W. A. GEKLER, M. D.
Associate Medical Director

HARRY J. CORPER, M. D.
Laboratory Director

CORNELIA L. ALLEN, R. N.
Superintendent of Nurses

A. A. BACHLER
Business Agent

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To the Mayor
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CHICAGO
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INTENTIONAL SECOND EXPOSURE

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and the City Council of the
City of Chicago

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CHICAGO
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DEDICATED

to the Tuberculosis Workers of Chicago, whose devotion to the cause and whose unqualified support were a source of strength in the gradual realization of plans for efficient control of tuberculosis in this community.

THEODORE B. SACHS, M. D.

Chicago, February 16, 1915.

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Site (160 acres) purchased February, 1911. Ground broken December 11, 1911. Institution opened March 8, 1915. Capacity on day of opening, 650 beds. Full capacity, 950 beds.

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During the intervening period, the judgment of men, who have made a study of the tuberculosis situation in this State, has been gradually crystallizing in favor of legislation enabling cities and counties to construct and operate sanitaria for the care of their own tuberculous patients. This judgment, in favor of city and county, as against state sanitaria primarily found expression in "AN ACT to enable cities and villages to establish and maintain public tuberculosis sanitariums," introduced by Mr. Glackin as Senate Bill No. 598 on January 14, 1908. The bill provided for a special municipal four mill sanitarium tax for the construction and maintenance of a sanitarium, in any city or village which adopts the provisions of the law by a majority referendum vote at a municipal election. The bill was enacted into law, approved by the Governor, and became effective on July 1, 1908.

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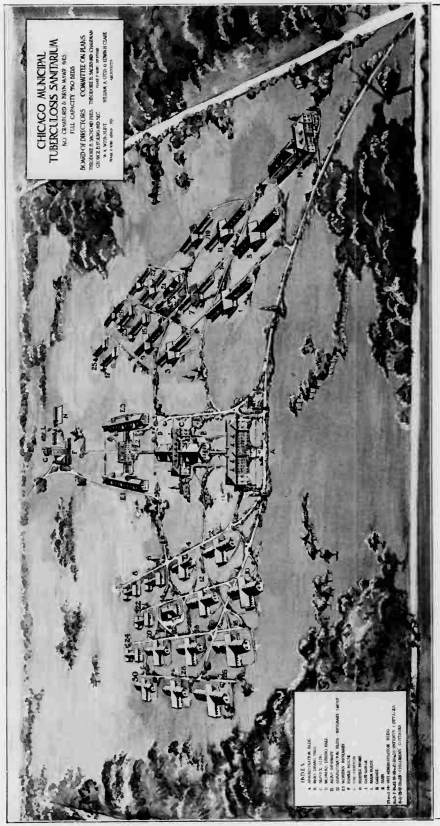

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Adoption of the City Tuberculosis Sanitarium Act (as Subsequently Amended) by Chicago and Other Cities of Illinois

Chicago, with its large tuberculosis problem, was naturally the first city in the State to study this law in its application to the local situation. The Chicago Tuberculosis Institute (an organization of physicians and laymen, chartered March 17, 1906, having for its purpose "the prevention and treatment of consumption and other forms of tuberculosis") gave this important measure thorough consideration and resolved to advocate its acceptance by the municipality provided certain amendments were enacted, the chief of which was the reduction of the maximum rate of tax levy from four mills to one. This was accomplished during the regular biennial session of the Forty-Sixth General Assembly through an amendment passed on March 12, 1909, and immediately after that the Institute proceeded with a campaign for the adoption of the Sanitarium Act by the voters of Chicago.

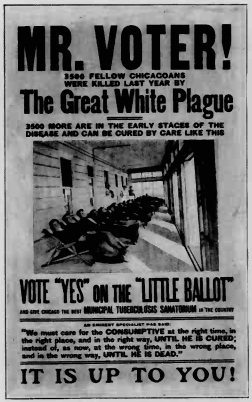
The campaign conducted by the Institute for the adoption of the Act was remarkable in a number of respects:

First. The amendment passed both branches of the Legislature on March 10, 1909, and was signed by the Governor on March 11th. The last day to file petitions for submission of any question to a referendum vote at the coming election in Chicago was March 12th. No difficulty was encountered, however, in obtaining 1,000 signatures in the short period of twenty-four hours.

Second. The campaign for the adoption of the Sanitarium Act by the voters was used as an opportunity to spread education on the subject of tuberculosis, its method of cure and prevention. It was an aldermanic election and "Tuberculosis" talks and appeals for the adoption of the Act were made a feature of ward meetings of all political parties in every section of the City. The Directors of the Institute, physicians, nurses, clergymen, social workers, men and women of various professions and trades gave enthusiastic aid and with the unqualified endorsement of all Chicago newspapers, leading social organizations, labor unions, etc., the measure won by a majority of **127,820** votes, the vote being **167,230** "For" and **39,410** "Against" the proposition.

Third. Of the 254,025 ballots cast at that aldermanic election, **206,640** (81% of the total) were recorded for or against the measure.

The heavy vote cast on this referendum proposition, as well as the overwhelming majority of votes recorded in its favor, emphatically demonstrated the effectiveness of the campaign of education carried on by the Chicago Tuberculosis Institute in the preceding three years.


MR. VOTER!
3500 FELLOW CHICAGOANS WERE KILLED LAST YEAR BY
The Great White Plague
3500 MORE ARE IN THE EARLY STAGES OF THE DISEASE AND CAN BE CURED BY CARE LIKE THIS
VOTE "YES" ON THE "LITTLE BALLOT"
AND GIVE CHICAGO THE BEST MUNICIPAL TUBERCULOSIS SANITARIUM IN THE COUNTRY
"We must care for the CONSUMPTIVE at the right time, in the right place, and in the right way, UNTIL HE IS CURED; instead of, as now, at the wrong time, in the wrong place, and in the wrong way, UNTIL HE IS DEAD."
IT IS UP TO YOU!

Since 1909 the Act has been adopted by other cities in Illinois (Rock Island, Peoria, Rockford and Belleville), the actual construction of sanitaria in said cities having been delayed temporarily by obstacles incident to launching of tuberculosis institutions in new localities. In all these cities large majorities were recorded in the referendum vote on the adoption of the Act.

In Rockford the construction of the sanitarium is in progress. A site has been purchased in Rock Island and plans are being prepared.

The City Tuberculosis Act of Illinois Developed Through Amendments of the Original Sanitarium Act. Its Main Provisions

The first step toward the organization and operation of the Municipal Tuberculosis Sanitarium of Chicago was made possible by anticipation in September, 1910, of a fraction of the 1910 tuberculosis tax levy. Since then the various activities of the Sanitarium have been developing under the provisions of the original City Tuberculosis Sanitarium Act as amended on March 12, 1909.

The construction of the Sanitarium proper began November 27, 1911, and antedating this by a year and two months (September 1, 1910) the Municipal Tuberculosis Dispensary system was created under a liberal interpretation of the original law.

With the gradual development, however, of the various activities necessitated by the existing tuberculosis situation in Chicago, it became apparent that the solution of the problem demanded the introduction and operation of additional agencies besides the sanitarium and its dispensaries and that the original Tuberculosis Sanitarium Act should be so amended as to transform it into a comprehensive City Tuberculosis Act permitting the operation of all tried agencies and methods for the gradual reduction of tuberculosis prevalence in the city.

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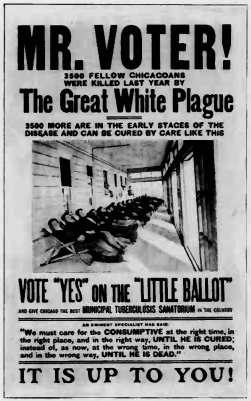
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This was accomplished through the introduction by Senator Glackin in the Forty-Eighth General Assembly, on June 27, 1913, of an amendment (Senate Bill No. 515) which widely broadened the powers of the Municipal Tuberculosis Sanitarium.

As the Illinois City Tuberculosis Act reads at present, it contains the following important provisions:

(1) The Act becomes operative in any municipality following a favorable referendum vote at any general election. The submission of the Act to a referendum vote requires a petition signed by 100 legal voters.

(2) The Act confers on municipalities the power to "establish and maintain a public sanitarium and branches, dispensaries, and other auxiliary institutions . . . for the treatment and care of persons afflicted with tuberculosis" and "to extend the benefits and privileges of such institution, . . . into the homes of persons afflicted with tuberculosis, and to furnish nurses, instruction, medicines, attendance and all other aid necessary to effect a cure, and to do all things in and about the treatment and care of persons so afflicted which will have a tendency to effect a cure of the person or persons afflicted therewith and to stamp out tuberculosis in such city."

(3) A special "Tuberculosis Sanitarium Fund" is created for this purpose, its source being "a tax not to exceed one mill on the dollar annually on all taxable property of such city." This tax is free from any limitations to which some taxes are subject in this State.

(4) The administrative direction of the Sanitarium and all its branches is vested in a board of three directors, appointed for three-year terms by the mayor, with the approval of the city council.

(5) Treatment in the Sanitarium and its branches is free to all residents afflicted with tuberculosis. In case of non-residents, the conditions of admission are determined by the Board of Directors.

The law contains one limitation that was unexpectedly inserted into its provisions during the closing hours of the Forty-Eighth General Assembly, namely: "Provided that no person so afflicted be compelled to enter such sanitarium or any of its branches." While it is our judgment that the general efficiency of sanitaria and other auxiliary agencies for the control of tuberculosis should be mainly relied upon in drawing to such institutions the tubercular sufferer, and that, after all education of the community is the most potent factor in the control of any communicable disease, the last clause, nevertheless, takes away from an otherwise comprehensive arrangement the means of controlling that small percentage of tuberculous sufferers who persistently refuse to take all the necessary precautions against the spread of infection.

Except for the above limitation which sooner or later, no doubt, will be eliminated from the law, the Illinois City Tuberculosis Act stands out as a model Act for the control of tuberculosis in a municipality.

For the present, forcible removal, if unavoidable in certain exceptional cases, can be accomplished through the police power of Municipal Departments of Health.

The County Tuberculosis Sanitarium Act of Illinois

The City Tuberculosis Sanitarium Act of Illinois, adopted by Chicago in April, 1909, and subsequently by other cities, was intended chiefly to meet the needs of the large centers of population in this State.

To meet the requirements of small municipalities and rural communities, the General Assembly enacted on April 26, 1909, an amendment to the County Law of 1874 (House Bill No. 165, passed by the Forty-Sixth General Assembly) enabling counties in the State to erect and maintain county tuberculosis sanitariums. Under the provisions of this law, Cook County erected a modern tuberculosis hospital of 600 bed capacity at Oak Forest, and a campaign for a more widespread application of the law is being carried on in the State by the Illinois State Association for the Prevention of Tuberculosis, with the prospect of several county tuberculosis institutions coming into existence within the next few years.

To further strengthen the position of the counties in their fight against tuberculosis, the law dealing with the institutional provision for the treatment of tuberculosis in counties should be amended and broadened in the following way:

First. The County Tuberculosis Act should be freed from all connection with the "County Poor" law.

Second. The provisions of the Act should include not only sanitaria, but all other auxiliary agencies necessary for the control of the disease in the county, as dispensaries, day camps, etc.

Third. The Act should permit counties to use all well tried, efficient methods "for stamping out tuberculosis," as education by means of exhibits, literature, etc.

Fourth. Inclusion of a clause, permitting construction and operation of a sanitarium and other auxiliary agencies by a combination of several adjoining counties.

The County Tuberculosis Act should be made as comprehensive in its provisions as the present City Tuberculosis Act.

The First Board of Directors of the Municipal Tuberculosis Sanitarium: Preliminary Steps in Planning the Sanitarium

The City Tuberculosis Act as originally framed, became operative in Chicago on April 6, 1909. On April 19, Mayor Busse appointed, with the approval of the Council, a Board of Directors to administer the "Tuberculosis Sanitarium Fund" accruing under the operation of the special municipal tax levied for that purpose, as well as to prepare plans of the Sanitarium for which the "Fund" was originally created.

The first Board of Directors of the Sanitarium consisted of Mr. Harlow N. Higinbotham, Dr. Theodore B. Sachs, and Dr. William A. Evans, Commissioner of Health, ex-officio. The Board organized on April 22, 1909, with Mr. Harlow N. Higinbotham as President and Dr. Theodore B. Sachs as Secretary.

As the funds for building the Sanitarium could not be made available until January, 1911, because of certain provisions in the special sanitarium and general tax law which had to be first complied with, the Board of Directors devoted themselves during the intervening period to the investigation of the tuberculosis situation and its needs in Chicago, as well as to the study of municipal provisions for the control of the disease in other large cities of this country.

The actual work of directing and mapping out the plans of the Sanitarium was assigned on March 1, 1911, to Dr. Theodore B. Sachs, at that time, Secretary of the Board.

The Organization of a System of Tuberculosis Dispensaries

From the outset the Board was united in the purpose of so utilizing the various provisions of the original Sanitarium Law as to render possible a gradual assumption of control of the existing tuberculosis situation. In its literal interpretation, the original law provided for the building of a Sanitarium and its text did not contain any specific reference to dispensaries and other auxiliary agencies without which municipal control of tuberculosis is impossible. The general intent of the law, however, was broader than its literal interpretation and on November 15, 1909, the Board of Directors received from the Corporation Counsel an opinion holding that dispensaries, as "stations or outposts of the Sanitarium," are essential to the detection of cases of tuberculosis in a stage in which the sanitarium treatment would be most efficient and hence dispensaries may be considered an integral part of the Sanitarium.

With this interpretation of the law, the Municipal Tuberculosis Sanitarium anticipated the tax levy of 1911 by issuing tax warrants to the amount of $10,000, and, on September 1, 1910, entered into an agreement with the Chicago Tuberculosis Institute by which the seven dispensaries operated by the Institute, passed under the control of the Sanitarium.

With the transfer of the dispensaries, their nursing staff consisting of Superintendent of Nurses, Miss Edna L. Foley, and eleven Field Nurses were retained in their respective positions by the Sanitarium. Mr. Frank E. Wing, at that time Superintendent of the Institute, was elected by the Board of Directors of the Sanitarium, as General Superintendent.

Thus a foundation was laid of a comprehensive Municipal Tuberculosis Dispensary System, around which it was planned to group all other institutional agencies for the control of tuberculosis in Chicago.

The Purchase of the Sanitarium Site

The history of acquiring a site for the Municipal Tuberculosis Sanitarium of Chicago covers a persistent eight months' campaign (July, 1910, to January, 1911) to overcome the unwarranted prejudices of various classes in the community against the location of a tuberculosis institution in their midst. The original law definitely prescribed the location of the Sanitarium within the limits of the City. This clause did not conform to the practice of other large cities of this country in establishing sanitaria in country locations, more or less distant from city limits. Nevertheless, after considerable study of the situation the conclusion was reached by the Board, that a sanitarium located within the city limits would be productive of an immeasurable amount of good to the community and this, for the following reasons:

1. Greater facility of control of an institution subject exclusively to the ordinances of the city and unhampered by the prejudices of other communities.

2. Accessibility of the institution to friends and relatives of patients, permitting the continuance of that important link between the patient and his family which is of utmost importance in keeping patients in sanitaria for long periods of time.

3. Accessibility of the institution to the entire community, the Sanitarium standing within its confines as an exposition of "right living" and of efficient methods of prevention and treatment of a widespread disease. This advantage was considered of utmost importance.

4. Accessibility of the institution to the general medical profession of Chicago, permitting the establishment of a link between the family physician and the Sanitarium, and placing the medical staff of the institution in closer contact with the medical organizations and institutions and their leaders in a large city.

With the appreciation of these important conditions in favor of the location of the Sanitarium within the city limits, it was decided to look at once for the right location. This task consumed a period of eight months, during which every section of the city was thoroughly canvassed by real estate concerns, the Sanitarium Board and the General Office. Numerous acceptable locations were submitted to the Board but as a rule the prohibitive price or the objection of the neighboring property owners stood in the way of actual purchase.

The campaign for the acquisition of a suitable site for the Sanitarium was one of continuous argumentation between the adherents and opponents of location of the institution within the city limits.

In the course of this campaign two occasions furnished the desired opportunity for a full discussion of the situation as viewed by both sides.

The first occasion came when an eighty-five acre tract of land, situated in the northern section of the City, was submitted to the Board for consideration. The purchase had almost been completed when property owners within a radius of two miles organized in a violent opposition to the plan. The tract possessed a number of desirable features: viz., accessibility, good drainage, a large grove of trees, etc.; the price was moderate and the Board was inclined to purchase the land. To prevent this, the matter was carried to the Finance Committee of the City Council, whose consent was essential to purchase of any property by the Sanitarium. This appeal to the Finance Committee brought together for the first time both sides for an earnest discussion of the situation. On September 28, 1910, the Finance Committee, accompanied by the Sanitarium Board and a number of owners of adjacent property, visited the prospective site. Most of the land was acre property used for truck gardening. The site was inspected, and this was followed by a public hearing before the Finance Committee. Arguments against locating the institution at the above mentioned site were first submitted by the representatives of the opposition. The chief objections were the possible spread of infection from the institution to surrounding territory and the probable decline in neighboring property values. It was soon apparent that the attitude toward the proposed institution was one of frantic fear based on misconception. This afforded an excellent opportunity for imparting information on this subject to the protesting parties, as well as to the entire community. Strong arguments were submitted in support of the fact that sanitaria are not sources of infection, that their presence in a community leads to a decline of tuberculosis prevalence and that real estate values in its vicinity generally rise, as shown by the experience of other cities. The discussion was lengthy and spirited, with the Board steadily gaining ground in the gradual elimination of the arguments of the opposition. When it became evident that the Finance Committee

might approve the prospective purchase, the representatives of the opposition came forward with an offer to find another site for the Sanitarium within a month.

It became, however, apparent to all the interested parties that the City of Chicago was determined to build the Sanitarium, in accordance with the decision of the voters, who had adopted, by an enormous majority, the provisions of the Municipal Sanitarium Law.

An energetic search for a suitable location was begun again by the Board and various real estate firms, as well as by the opponents of the location of the institution at the site previously selected. Finally, an offer of a suitable site was submitted on December 7, 1910, and on December 16, the Board requested the Finance Committee of the City Council to purchase the property. This site, on which the Sanitarium was finally built, consisted of 160 acres of farm land situated about 9 miles from the center of the City, between North Crawford Avenue on the west, North Central Park Avenue on the east, and Peterson and Bryn Mawr Avenues on the north and south, respectively. The site was inspected on December 20 by the Finance Committee, accompanied by the Sanitarium Board and this was followed by two public hearings before the Committee, one on January 16 and another on January 20, 1911.

The arguments previously used by the opposition were forcibly reiterated at these hearings by the owners of neighboring property, mostly vacant. In brief, the weight of the argument centered again around the possibility of spread of infection from the Sanitarium to surrounding territory and the probable decline in land values around the institution. The objections were easily allayed by recital of experiences of various other cities in this country and Europe, where the building of sanitaria generally led to reduction of death rate from tuberculosis in the vicinity of tuberculosis institutions as well as an increase in land values. The discussion was lengthy and spirited.

The verdict of the Finance Committee was ultimately rendered in favor of the Sanitarium, and on January 30, 1911, an order to purchase the property was passed by the City Council.

This ended the memorable 8 months' campaign of the Board of the Municipal Tuberculosis Sanitarium to acquire a site for this much needed institution.

The Preparation of Plans

The work of preparation of plans of the Sanitarium was begun under the direction of Dr. Theodore B. Sachs, Chairman of the Committee of Plans, on March 1, 1911. On May 2, 1911, the Board of Directors appointed Messrs. William A. Otis and Edin H. Clark, Architects of the Sanitarium.

The work proceeded, through a period of two years, in daily sessions of the Chairman of the Committee on Plans, the Architect, Mr. Otis, and Frank E. Wing, who acted as Secretary of the Committee, the plans being submitted from time to time to the Board of Directors for approval and suggestions.

In the general scheme of the institution, the experience gained in the preceding several years in building sanitaria near Chicago was extensively supplemented by an intensive study of various phases of sanitarium construction all over the country. Plans were gathered from leading tuberculosis institutions. These were thoroughly studied and the information bearing upon various phases of construction was classified, analyzed, and later drawn upon, through the entire period of planning the institution.

The site purchased for the Sanitarium was devoid of any improvements and these had to be included in the general plans.

First, the character and number of cases to be served by the proposed institution was agreed upon, this determining the character and extent of the necessary provisions.

Then, the grouping of buildings was outlined with a full consideration of the general appearance, facility of administration and comfort of patients. The last point involved the solution of several important questions in an institution consisting of a group of detached buildings: viz., distances between the administration buildings and patients' cottages, distances between cottages, their right exposure and such position as would give the patients the utmost privacy and quietude consistent with facility of supervision. The position of the patients' cottages, finally decided upon, completely isolates them from the surrounding neighborhood.

The respective position of the administration buildings and the patients' cottages was finally so arranged that the line of administration and infirmary buildings, from west to east, divides the Sanitarium grounds into two separate sections—one for the male and the other for the female patients. Each section has its own large recreation grounds. The total area occupied by the Sanitarium buildings is approximately 45 acres, leaving 115 acres for produce farm and future buildings.

In the preparation of plans of the open air cottages for adult patients, a thorough study was made of the plans of similar structures in other institutions all over the country. This type of cottage was originally introduced by Dr. H. M. King in the Loomis Sanatorium at Liberty, New York, and has been adopted with various modifications, in a number of institutions. Important modifications, made in the arrangements of this cottage in the Edward Sanatorium, Naperville, Illinois, and other

sanitaria were fully considered in the final evolvement of the plans of the cottages for the Chicago institution. In its final form the Open Air Cottage of the Chicago Municipal Tuberculosis Sanitarium contains a number of important modifications.

The plan of the cottages for children had to be originally devised, as this special type of provision was practically not in existence anywhere at the time the plans were drawn.

The plans of the administration building were made comprehensive in order to include all the modern medical and laboratory facilities for the diagnosis and treatment of the disease and its complications.

Considerable time was spent in planning the Service Building and Dining Halls with reference to adequacy and efficiency of service.

The underlying idea in the plans of the Infirmary was that a large percentage of patients admitted here will need hospital bedside care, that the condition of these patients will necessitate utmost quietude, and frequently isolation from each other. With this idea in mind, the quarters for patients in this part of the institution were divided into three classes, about one-third of the provision consisting of single rooms, one-third double rooms, and one-third open air wards of six beds each. The Infirmary includes also special medical and laboratory facilities.

The plans of quarters for the employes were so designed as to provide outdoor sleeping porches for at least one-third of the working force. Large windows, from 3 feet by 6 feet to 3 feet 10 inches by 6 feet 8 inches, were provided in all employes' rooms.

The floor plans and the elevations were minutely studied and the final plans of each building were carefully adjusted to the general scheme of efficient and economic care of patients.

In drawing the plans of this immense institution, the advice of many men, prominent in special lines of work, was sought and the work was carried on with close cooperation of the original and present Boards of Directors of the Sanitarium, the membership of which included originally, Harlow N. Higinbotham, President; Dr. Theodore B. Sachs, Secretary, and Dr. William A. Evans, and later Dr. Theodore B. Sachs, President; Dr. George B. Young, Secretary, and W. A. Wieboldt.

DESCRIPTION OF THE SANITARIUM

The Grounds

The Sanitarium occupies an area a half mile square in the extreme northwest section of the city, at the corner of North Crawford and Bryn Mawr Avenues, about nine miles from the downtown district. Formerly a number of small farms composed this tract of land. The soil is black clay loam, well suited for farming purposes. After the purchase of this site, the ground was thoroughly drained by placing, through the entire area, traversing lines of farm tile, at distances varying from 50 to 100 feet apart.

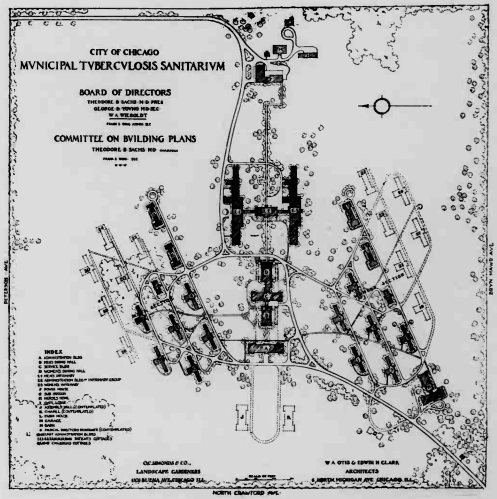
Large groves of trees are found on the east and northwest sections of the tract, as well as at the southwest corner, at the entrance to the Sanitarium.

A nursery acquired with the land, consisting of about 5,000 trees and shrubs of various kinds, was subsequently used for transplanting on the lawns and along the roads and walks. Later, an additional supply was purchased to complete the improvement. A 20-foot border of trees and shrubs was planted around the grounds to furnish isolation from the surrounding territory.

Water supply was obtained by extending the city main, at the expense of the Sanitarium, a distance of 2,540 feet, to the entrance of the Sanitarium grounds. The Sanitarium bore its pro rata expense of constructing new sewerage lines for the drainage of the grounds and the surrounding territory.

The work of improving the grounds was done under the direction of O. C. Simonds & Company, Landscape Gardeners. The same firm had the supervision of the construction of driveways and walks connecting the various buildings of the Institution from one end of the grounds to the other.

At the time of opening the Institution, the entire area occupied by the Sanitarium buildings was well graded and covered with trees, shrubs and flowering plants, around the various buildings and along the asphaltic macadam roads and walks which extend through the grounds. The surrounding belt of about 80 acres is plowed and ready for farming. The grounds are enclosed by a temporary fence, with an ornamental main entrance at the corner of Bryn Mawr and Crawford Avenues and a special service entrance at Peterson Avenue.



Layout of the Sanitarium Buildings and Grounds

The Layout of Buildings

In the layout of the Sanitarium, the Administration Building, Service Building, Dining Halls, Infirmary Group and Power House were placed along the median line of the grounds, running from west to east. This line divides the grounds into two sections: the south section reserved for the cottages for ambulant women patients; the north section, for men. The entire group of Sanitarium buildings is so placed as to leave a broad stretch of ground on the north, east and south sides for farming and gardening.

All the buildings located in the median line face west with the exception of the Infirmary wings and the two Dining Halls, the exposures of which are south. They are all connected by a spacious service tunnel running a distance of 1,500 feet.

The Administration Building comes first, reached from the main entrance to the grounds by a driveway 1,400 feet long. This building is removed 800 feet from North Crawford Avenue.

Next, 100 feet east of the Administration Building comes the Dining Hall for men patients, the Service Building and, east of it, the Dining Hall for women patients. These buildings are connected by enclosed corridors and form by their position a cross (+), the horizontal line representing the Service Building.

One hundred and twenty-five feet from the Women's Dining Hall comes the group of Infirmary buildings, consisting of an Administration building and two wings, forming by their position the letter "H." The Infirmary has a capacity of about 300 beds.

The Power House and Laundry is at the extreme eastern point of the median line of buildings, placed at a distance of 500 feet from the Infirmary.

The Open Air Cottages for ambulant men and women patients, with a Unit Administration Building in the center of each, form two separate groups of buildings, one on the south and the other on the north side of the grounds.

Of the ultimate number of twenty-eight cottages, twenty are for adults and eight for children. The cottages face southeast, this position furnishing the best protection against the prevailing northwest winds. They are 100 feet apart, from end to end, and are placed in rows separated by lawns 125 feet wide. The distance between the cottages and the central group of administration buildings varies from 175 to 600 feet.

At the opening of the Institution in March, 1915, there were twelve cottages for ambulant adult patients and four cottages for children, with the total capacity of about 380 beds. Eight cottages for adults and four for children are to be added this year, increasing the number of beds for ambulant cases to 650. All the administrative facilities for these additional cottages have been provided.

The Nurses' Building is in the southwest section of the grounds, situated within 600 feet from the main entrance and is so placed as to give the nurses the necessary privacy and quietude.

The Garage, Farmhouse and Barns are placed at the extreme eastern point of the grounds, within a distance of 116 feet, 272 and 124 feet, respectively, from the Power House. Additional farm buildings will be erected later, south of this group.

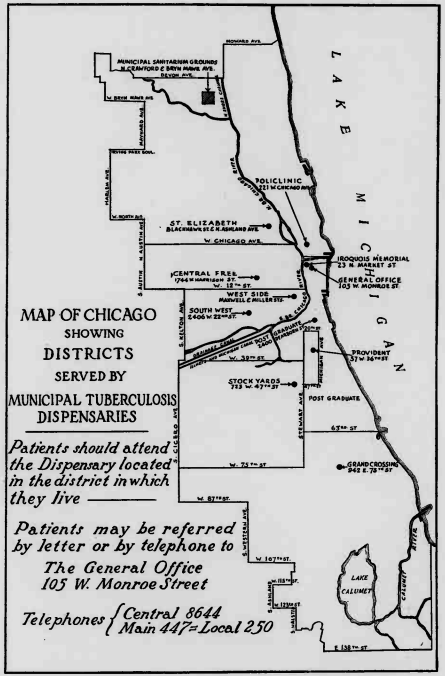
Space for a Chapel is reserved at a point west of the main administration buildings. This is designated on the block plan on page 21.

The quarters for the Superintendent are for the present on the second floor of the main Administration Building. A separate Superintendent's Residence will be built in the near future in the southwest section of the grounds across the main driveway, opposite the Nurses' Home.

The north border of the grounds, with the wide open space south of it, is reserved for future hospital buildings which will be needed with the growth of the Institution.

The Provisions of the Chicago Municipal Tuberculosis Sanitarium

The Chicago Municipal Tuberculosis Sanitarium was so planned as to gradually meet the needs of the tuberculosis situation in a growing city which has at present a population of two and a half million. The administrative facilities of the institution are arranged to care for a total of from 900 to 950 patients; these facilities can be further extended. As the average period of stay of a favorable tuberculosis case varies from four to six months, it is expected that the Sanitarium, in its present state, will be in a position to care for about 1,500 to 2,000 patients annually.



Map Showing Location of the Ten Free Dispensaries of the Municipal Tuberculosis Sanitarium

SOME IMPORTANT FEATURES OF THE ORGANIZATION OF THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

I. THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM IS A MUNICIPAL ORGANIZATION OF A SANITARIUM, DISPENSARIES AND OTHER AUXILIARY AGENCIES ESSENTIAL IN CONTROL OF THE DISEASE

1. **The Dispensary Department,** a very important department of the Sanitarium, maintains at present ten municipal tuberculosis dispensaries. Gradually developed out of small beginnings in the latter part of the year 1907, the dispensaries have grown into a comprehensive administrative machinery for the prevention and control of tuberculosis in this city. While adequate hospital and sanitarium provision for the care of tuberculous patients is a very important factor in the gradual solution of the tuberculosis situation in any community, the magnitude of the problem in its various relations to the home, the family and the community at large requires the operation of a comprehensive administrative scheme, the function of which should be the control and prevention of the disease in the environment of the patient as well as painstaking, persistent education of the sufferer, of those about him, as well as of the people at large, on the general subject of maintenance of health, prevention of the disease and the right method of care of those afflicted. It falls to the dispensaries to perform that important task in the campaign against the disease—to teach the community the far reaching effect of early recognition of tuberculosis and early application of right remedial measures.

The dispensaries bear also an important relation to tuberculosis hospitals and sanitaria, in the matter of proper selection of cases and efficient supervision of the discharged patients.

Thus the function of the dispensaries embraces the following:

(a) Education of the patient and the community on the subject of prevention, early recognition and right methods of treatment of the disease.

(b) Right distribution of cases requiring institutional treatment among the special hospitals and sanitaria of the community.

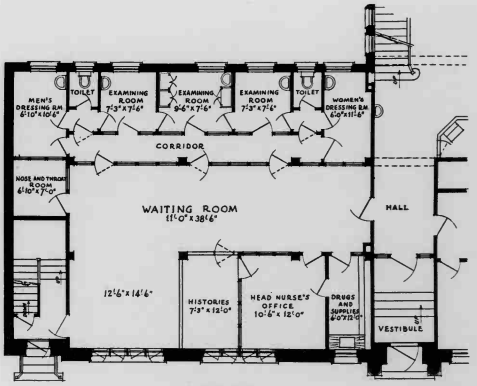
(c) Supervision of the large number of cases which have to be treated at home either before admission to an institution, or subsequent to discharge, also cases in which institutional treatment is impossible for various reasons, such as insufficiency of the existing institutional provision, family conditions, etc.

One of the Ten Municipal Tuberculosis Dispensaries in Operation. Stock Yards Dispensary, 738 West Forty-seventh Street

The Chicago tuberculosis dispensaries were, in their earliest days of development, conducted in connection with the district offices of the Bureau of Charities, with a personnel of volunteer physicians. This arrangement, however, proved soon unsuitable for a great many reasons, among which inadequacy of space and lack of essential and auxiliary medical facilities were the most important.

The dispensaries were later placed by the Chicago Tuberculosis Institute in connection with a few colleges and hospitals of this city, this arrangement proving of inestimable value from various standpoints, such as the advantage accruing from close connection with other special departments of a medical institution, the instruction of students, etc.

Two factors, however, continued to stand in the way of development, namely: inability to secure sufficient space and the impossibility of complete control of agencies affiliated with organizations which in the exercise of their authority and the realization of their own functions, were unable to extend to the tuberculosis dispensaries that degree of latitude essential to uniformity of work.



FLOOR PLAN OF
MUNICIPAL TUBERCULOSIS DISPENSARY
IN THE
HOUSE OF SOCIAL SERVICE—STOCKYARDS DISTRICT
THE UNITED CHARITIES OF CHICAGO
738 WEST 47TH STREET

When the Municipal Tuberculosis Sanitarium acquired the eight dispensaries from the Chicago Tuberculosis Institute in 1910, the inevitable conclusion was soon reached that the development of the Municipal Tuberculosis Dispensary System in Chicago would be greatly facilitated by placing these institutions in suitable quarters absolutely controlled by the City. Of the ten dispensaries at present in operation, two are in affiliation with medical colleges, three with hospitals, one is in connection with a general dispensary, three are in rented quarters which were remodeled by the Sanitarium to fulfill the various requirements of a tuberculosis clinic, and one is housed in The House of Social Service of the Stock Yards District of the United Charities, during the construction of which the Board of Directors of the Sanitarium contracted for 1,456 square feet of space and were permitted to lay out their own plans of a dispensary, which at present ranks above the other dispensaries in its architectural arrangements.

INTENTIONAL SECOND EXPOSURE

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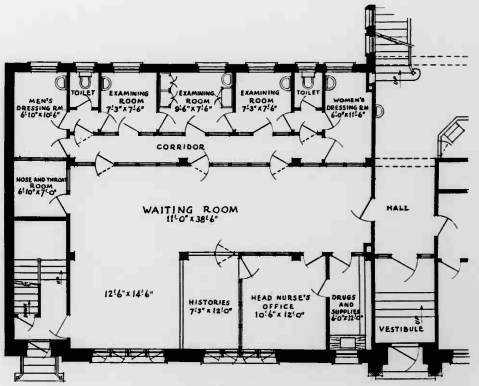

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The present plan is to gradually centralize in a few dispensaries, housed in special buildings constructed by the city. The first step in this direction is the proposed South Side Central Municipal Tuberculosis Dispensary, which is to include the very comprehensive medical, laboratory and X-Ray facilities essential in the diagnosis and treatment of cases. This dispensary will include the following provisions:

First floor

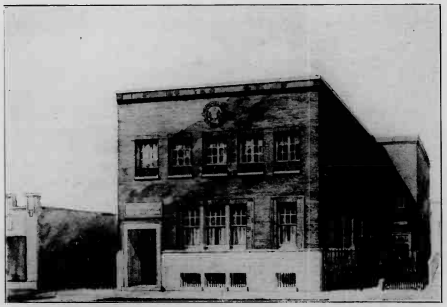
- Entrance waiting room
- Registration and clerical office
- Head Nurse's office
- Two Consultation rooms
- Two Patients' waiting rooms
- Four Examining rooms with adjoining dressing rooms
- Surgical room
- Orthopedic room
- X-Ray room
- Dental room
- Nose and Throat room
- Laboratory
- Drug room
- Janitor's living quarters
- Separate lavatories and toilet rooms for patients and employes

Second floor

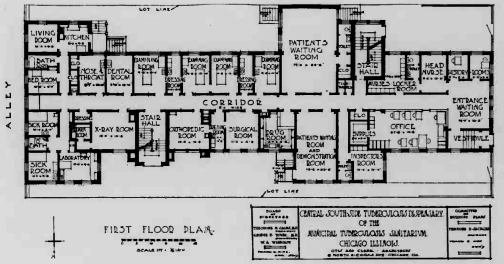
- Exhibition room, 29 feet by 34 feet
- Open Air School of instruction, for 17 male and 17 female patients, where patients, by demonstration, will be taught the essentials of prevention and "cure"
- Nurses' office
- Kitchen and serving pantry
- Patients' dining room
- Nurses' lunch room
- Patients' locker, bath and toilet rooms

Basement—

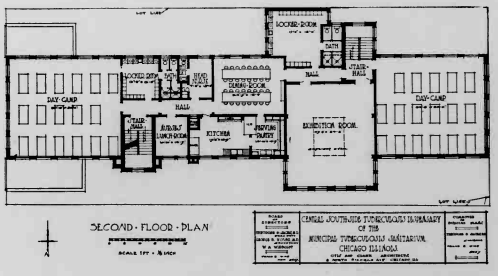
Large storerooms for supplies, mattresses, bedding and other outdoor sleeping equipment; disinfecting room; boiler and machinery room.



Proposed Central South Side Municipal Tuberculosis Dispensary



First Floor



Second Floor

Floor Plans of Proposed Central South Side Municipal Tuberculosis Dispensary

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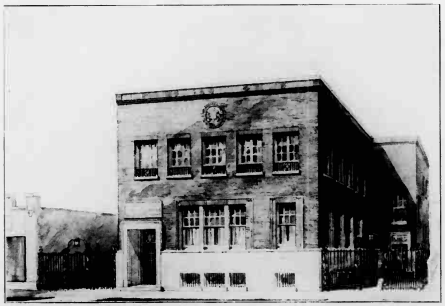
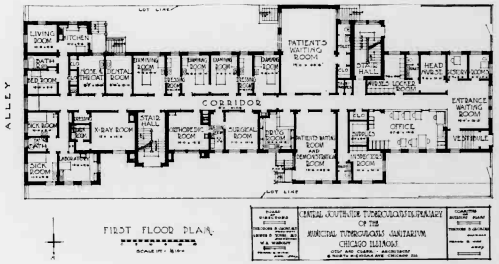
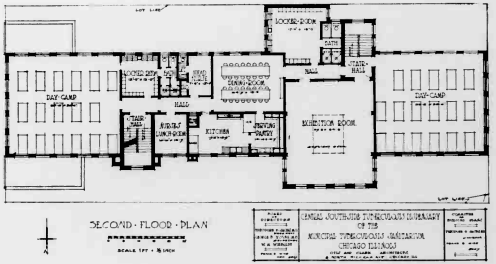


Proposed Central South Side Municipal Tuberculosis Dispensary



First Floor



Second Floor

Floor Plans of Proposed Central South Side Municipal Tuberculosis Dispensary

West Side

Policlinic

Grand Crossing

South West

St. Elizabeth

Iroquois

Interior Views of Some of the Ten Free Tuberculosis Dispensaries Maintained by the Chicago Municipal Tuberculosis Sanitarium

The dispensaries of the Chicago Municipal Tuberculosis Sanitarium have steadily grown in the matter of the gradual realization of municipal control of the disease in this city as shown by the following table:

	1907	1908	1909	1910	1911	1912	1913	1914	Total
Number of dispensaries	6	7	7	8	9	10	10	10	
Number of nurses	6	7	8	11	23	31	34	45	
Number of patients under observation	..	....	.....	.....	4,943	9,159	12,598	14,972	
Number of new patients (first examinations)	155	2,320	3,181	4,069	3,953	5,039	6,532	7,127	32,576
Number of positive diagnoses (all forms)	..	....	.....	.....	.....	2,151	2,795	3,538	8,484
Number of visits by patients to dispensaries	..	....	16,012	22,239	26,284	29,609	43,989	52,244	190,877
Number of nurses' visits	..	.....	14,393	19,025	31,980	42,335	39,737	46,183	193,653

At present the ten Municipal Tuberculosis dispensaries have a personnel of thirty-one physicians, one bacteriologist, one superintendent of field nurses, one supervising field nurse, ten head field nurses, forty-seven field nurses, one interpreter, two stenographers, two clerks, and one messenger, all selected by competitive Civil Service examination.

The dispensaries are at the following locations:

NORTH SIDE

CHICAGO POLICLINIC, 221 West Chicago Avenue
Tuesdays, Fridays and Saturdays, 9 a. m. to 12 m.

SOUTH SIDE

POST-GRADUATE, 2400 Dearborn Street
Tuesdays and Thursdays, 10 a. m. to 12 m.
Children's Clinic: Saturdays, 10 a. m. to 12 m.

GRAND CROSSING, 942 East Seventy-Fifth Street
Mondays and Thursdays, 2 to 5 p. m.

PROVIDENT, 57 West Thirty-Sixth Street
Mondays and Thursdays, 2:30 to 5:30 p. m.

STOCKYARDS, 738 West Forty-Seventh Street
Tuesdays and Saturdays, 9 a. m. to 12 m.

DOWN TOWN

IROQUOIS MEMORIAL, 23 North Market Street
Tuesdays, 7 to 10 p. m.; Saturdays, 2 to 5 p. m.

WEST SIDE

ST. ELIZABETH, Blackhawk Street and North Ashland Avenue.
Mondays and Thursdays, 9 a. m. to 12 m.

CENTRAL FREE, 1744 West Harrison Street
Wednesdays and Saturdays, 9 a. m. to 12 m.

WEST SIDE DISPENSARY, Corner Maxwell and Miller Streets
Mondays and Tuesdays, 2 to 5 p. m.
Thursdays, 9 a. m. to 12 m.
Children's Clinic: Saturdays, 9 a. m. to 12 m.

SOUTHWEST, 2406 West Twenty-Second Street
Mondays and Thursdays, 1 to 4 p. m.
Wednesdays and Saturdays, 1 to 3 p. m.
Evening Clinic: Thursdays, 7 to 9 p. m.

INTENTIONAL SECOND EXPOSURE

West Side

Policlinic

Grand Crossing

South West

St. Elizabeth

Iroquois

Interior Views of Some of the Ten Free Tuberculosis Dispensaries Maintained by the Chicago Municipal Tuberculosis Sanitarium

The dispensaries of the Chicago Municipal Tuberculosis Sanitarium have steadily grown in the matter of the gradual realization of municipal control of the disease in this city as shown by the following table:

	1907	1908	1909	1910	1911	1912	1913	1914	Total
Number of dispensaries	6	7	7	8	9	10	10	10	
Number of nurses	6	7	8	11	23	31	34	45	
Number of patients under observation	..	....	.....	.....	4,943	9,159	12,598	14,972	
Number of new patients (first examinations)	155	2,320	3,181	4,069	3,953	5,039	6,532	7,127	32,576
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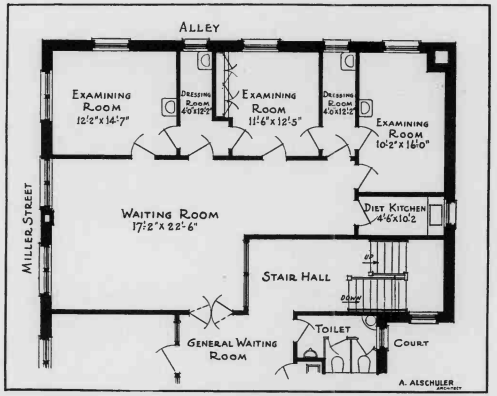


Floor Plan of the Municipal Tuberculosis Clinic in the Emanuel Mandel Memorial Dispensary of the Jewish Aid Society, Corner Maxwell and Miller Streets

2. **Bureau of Special Relief of the Dispensary Department,** inaugurated April 14, 1914, the function of which is provision of means for outdoor treatment in homes of tuberculous patients, for the purpose of benefitting the patient and protecting the family from infection. The Bureau concerns itself with remodeling and building inexpensive outdoor sleeping porches and furnishing such accessories as beds, bed clothing, reclining chairs, canvas curtains, etc.

This is the first municipal undertaking of its kind in the United States. The possibilities of this undertaking, efficiently and economically managed, are no doubt very great in the field of municipal control of tuberculosis.

The work was undertaken by the Dispensary Department of the Municipal Tuberculosis Sanitarium in July, 1914, after a thorough study of the provisions of the Sanitarium Law and numerous conferences with representatives of charity organizations. The Sanitarium adopted the policy of limiting its relief work to supplying the needy tuberculous patients with the "facilities of treatment," this work leading to the organization of the Bureau of Special Relief above mentioned.

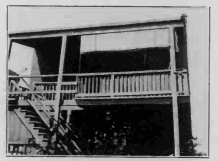
Before

After

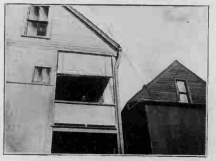
A Second Story Porch

Shelter on a Roof

Porch at Stair Landing



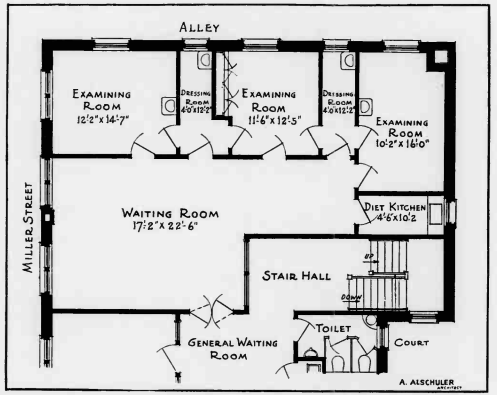
Canvas Curtains Furnished



ARRANGING AND BUILDING PORCHES FOR OUTDOOR SLEEPING

Examples of Work Done in Various Sections of the City by the Bureau of Special Relief of the Dispensary Department of the Chicago Municipal Tuberculosis Sanitarium

INTENTIONAL SECOND EXPOSURE



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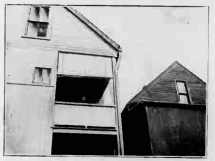

ARRANGING AND BUILDING PORCHES FOR OUTDOOR SLEEPING

Examples of Work Done in Various Sections of the City by the Bureau of Special Relief of the Dispensary Department of the Chicago Municipal Tuberculosis Sanitarium

The Law provides that the "Board shall have the power to extend the benefits and privileges of such institution (meaning the Sanitarium) . . . . . into the homes of persons afflicted with tuberculosis . . . . ." The clause, properly interpreted, has reference to the essentials of the modern treatment of the disease (such as outdoor sleeping arrangements, additional bedclothing necessary in cold season, etc.); it can not be interpreted as including "general relief" of poverty caused by the disease, this important task still remaining within the province of official and private relief agencies.

3. **Education by Literature and Exhibits.** This consists of:

a. Distribution of **small leaflets** bearing on early diagnosis of tuberculosis and giving location and hours of the ten Municipal Tuberculosis Dispensaries. Similar leaflets in reference to other important phases of the problem, for circulation among patients, are being prepared by the Dispensary Department.

b. Publication of **Bulletins.** The first bulletin published by the Dispensary Department contained papers on various phases of the tuberculosis problem read by Field Nurses at the meetings of their Nurses' Tuberculosis Study Circle. The individual papers were: "Historical Notes on Tuberculosis" by Miss Rosalind Mackay, R. N.; "Visiting Tuberculosis Nursing in Various Cities of the United States" by Miss Anna M. Drake, R. N.; "Provisions for Outdoor Sleeping" by Miss May MacConachie, R. N.; "Some Points in the Nursing Care of the Advanced Consumptive" by Miss Elsa Lund, R. N.; "Open Air Schools in This Country and Abroad" by Miss Frances M. Heinrich, R. N.

The second bulletin of the Dispensary Department is being prepared now. It will contain "Instructions to Field Nurses in the Dispensary Department," having reference to various phases of their work and methods of cooperation with other organizations.

It is planned that this "History and Description of the Sanitarium," should be the first bulletin of the Sanitarium Department, this to be followed by the publication of other bulletins bearing upon the Sanitarium work.

c. Co-operation in maintaining the **Tuberculosis Exhibit** of the Chicago Tuberculosis Institute which in a period of **266** exhibit days was shown in field houses of fifteen small parks and in five public schools, the exhibit being viewed by **307,500** people.

The exhibit with its daily conferences, its entertainments, planned to attract large audiences, will be continued for one week periods in various public schools of Chicago until the end of the present school year.

In addition to this exhibit, special tuberculosis exhibits were prepared by the Municipal Tuberculosis Sanitarium for the Housing Exhibit (1912) and the Public Health Exhibit (1914), both held in the City Club.

The gradual development of the scheme of control of tuberculosis in Chicago under the provisions of the Municipal Tuberculosis Sanitarium makes the dispensaries the agencies for early detection and control of the disease in the homes of tuberculous patients. The dispensaries are also given the important function of examining the applicants for admission to the Sanitarium. The Bureau of Special Relief is an important part of the Dispensary Department.

The educational work of the Sanitarium, by means of literature and exhibits, is gradually developing to the point of necessitating the organization of a special Educational Department.

View of a Section of the Chicago Tuberculosis Exhibit

INTENTIONAL SECOND EXPOSURE

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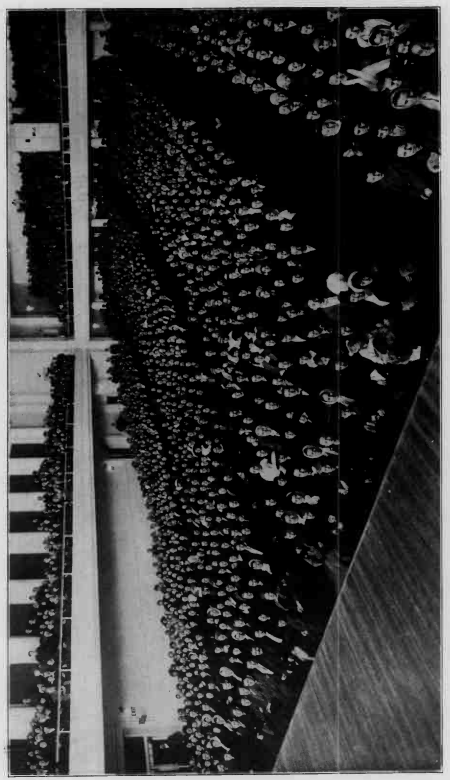
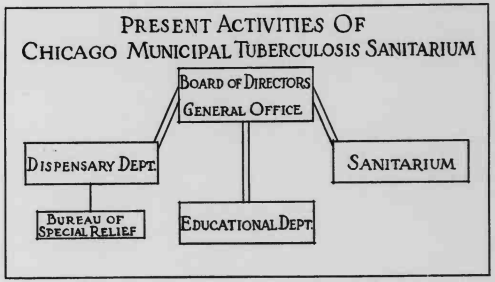


One of the Large Audiences in Attendance at the Conferences Conducted in Connection with the Chicago Tuberculosis Exhibit

In a general way the present activities of the Chicago Municipal Tuberculosis Sanitarium can be illustrated by the following diagram:



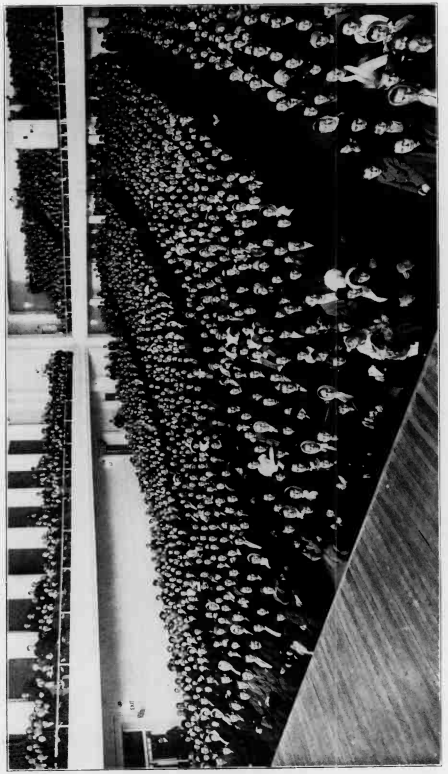
II. THE IMPORTANT FEATURES OF THE SANITARIUM PROPER

Provision for Incipient and Moderately Advanced Cases

The policy of sanitaria heretofore has been to provide chiefly for patients in incipient stages of the disease. A study of the tuberculosis situation in any community will show that the tuberculous patients in the incipient stages of the disease can secure admission to a sanitarium with little difficulty, provided such an institution is in existence. The condition is the same in the case of the far advanced tuberculous patient who is seeking admission to a hospital for advanced cases. The patient in the moderately advanced stage of the disease is in a more difficult position as he is frequently considered too advanced for the sanitarium and too incipient for the hospital.

To meet the great need in a large community of a provision for moderately advanced cases of tuberculosis, as well as for those cases in which, regardless of a temporary serious condition, the estimate of the patient's chances of improvement can be made only after sufficient observation, the Chicago Municipal Tuberculosis Sanitarium arranged, in addition to 650 beds in open air cottages for incipient cases, an Infirmary with a capacity of about 300 beds for the accommodation of such cases as are either more or less advanced or in which the prospects are

INTENTIONAL SECOND EXPOSURE



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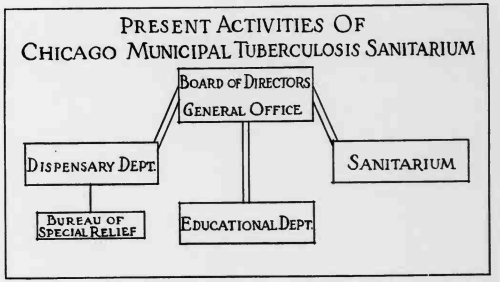

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uncertain because of temporary complications or grave symptoms. The Infirmary will be used for patients whose condition requires absolute rest.

In a general way the primary provision of the Sanitarium will be for incipient and moderately advanced cases. In creating the present facilities, the Board of Directors had in mind a future material extension of the provision for the far advanced cases of the disease.

Comprehensive Medical and Laboratory Facilities for the Study and Treatment of Cases

In planning the medical and laboratory facilities of the Sanitarium, full recognition was given to the importance of: *First,* the study of individual cases of tuberculosis with the aid of all the medical and laboratory methods in use in modern general hospitals and, *second,* the efficient treatment not only of the tuberculous disease, per se, in each individual case, but also of all the co-existing and complicating conditions. The adequacy and efficiency of the medical and laboratory arrangements for the study and treatment of individual cases in a sanatorium is an index of its general efficiency, and this idea inspired the planning of the comprehensive medical and laboratory facilities of the Chicago Institution.

The facilities, as provided, are as follows:

(a) The **Main Administration Building** contains the following provisions for the ambulant patients (ultimate number, 650):

Office of the Medical Director; Medical Record room; a suite of three Examining rooms with two dressing rooms; a modern equipped Laboratory (four rooms); X-Ray Department; Nose and Throat room; Minor Surgery room; Dental room; Pharmacy; Office of Superintendent of Nurses; Nurses' Conference room.

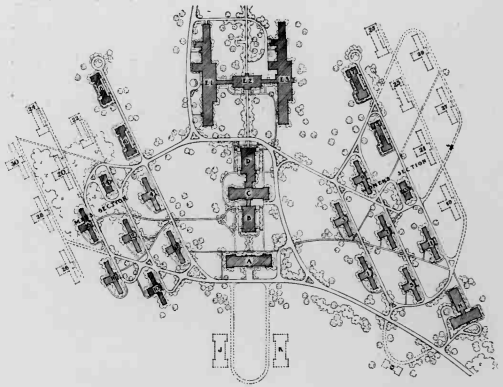
(b) Each of the two **Unit Administration Buildings,** one of which is centrally located in the south group of open air cottages (ultimately 14 cottages for 325 women patients) and another in the north group of cottages (same capacity) for male patients, contains special examining and treatment rooms and also a small laboratory for routine examinations. In all there are five such rooms in each Unit Administration building, namely:

Examining room; Nose and Throat room; Laboratory; Nurses' room; Drug and Supply room.

(c) The **Administration Building of the Infirmary** includes the following provisions:

Office of Senior Physician; Examining room; Nose and Throat Room; Medical Record room; Orthopedic room; Operating room (suite of five rooms); Routine Laboratory; X-Ray room; Head Nurses' room; Drug and Supply room.

Each Infirmary wing (125 beds) has five Nurses' offices.



Men's Grounds **Women's Grounds**

Separate Grounds for Male and Female Patients

The plan of the daily routine of patients at the Institution includes provision for social recreation in the evening hours in the Assembly Rooms, to which both sexes are admitted. This has also reference to religious services and such special occasions as celebration of National holidays, etc.

Outside of the gatherings above mentioned the men and women patients at the Institution follow the daily routine on their own grounds. The grounds of the Institution, as previously stated, are equally divided into two sections, one for men and one for women.

The Plan of the Medical Supervision of Cases

With the ultimate capacity of 950 beds in the Sanitarium (650 ambulant cases in the open air cottages and 300 bed cases in the Infirmary), it is planned to conduct, in ambulant cases, all initial, monthly and before-discharge examinations in the examining rooms of the Main Administration Building, under the direct supervision of the Medical Director and his Associate. For this purpose a suite of five rooms (3 examining and 2 dressing rooms) were

included in the medical section of the Main Administration Building. Other examinations or routine treatments necessitated by inter-current affections, complications, etc., will be conducted in the examining rooms of the Unit Administration Buildings by the Senior and Junior Physicians. The Infirmary patients will be examined in their rooms in the Infirmary. Convalescent Infirmary patients, if in condition, will be examined in the examining rooms of the Infirmary Administration Building.

The Laboratory Study of Cases

The central laboratory in the Main Administration Building consists of four rooms; the main laboratory room, under the direct supervision of the Chief Bacteriologist, with space for four men; adjoining this, the private laboratory of the Chief Bacteriologist; the laboratory work room with space equal to the main laboratory and the animal experimentation room.

It is planned that all work requiring the direct supervision of the Chief Bacteriologist should be done in the central laboratory.

The routine examinations of sputum, urine and blood will be made, as previously stated, in the auxiliary laboratories; for the ambulant cases —in the Unit Administration Buildings; for the Infirmary cases—in the Infirmary Administration Building.

Post-Mortem Study of Cases

The Infirmary Administration Building includes a modern autopsy room for post-mortem study of such cases in which the consent of the family can be obtained. This work will be in charge of the Laboratory Director.

The X-Ray Study of Cases

Recognizing the importance of X-Ray study of tuberculosis cases, the following provision has been made for this work:

The X-Ray department of the Main Administration Building consists of three rooms with all the necessary equipment for X-Ray and fluoroscopic study of cases.

The Infirmary Administration Building has its own X-Ray and fluoroscopic room for the study of Infirmary cases.

The development of all X-Ray plates will be done in the dark room included in the X-Ray Department of the Main Administration Building.

Study and Treatment of Nose and Throat Conditions

The Main Administration Building has a well equipped nose and throat department in which will be conducted the examinations of nose and throat of all patients on admission and before discharge and also such examinations as may be indicated during the patient's stay at the Institution. All operative work for the correction of nasal and throat conditions will be done here under

the direction of the Associate Medical Director. Routine treatments of nose and throat in ambulant cases will be given in the nose and throat rooms in the Unit Administration Buildings.

The Infirmary has its own nose and throat department located in its Administration Building.

Treatment of Dental Conditions

The importance of oral hygiene in the treatment of tuberculous patients was recognized in arranging a dental department in the Main Administration Building. A dentist giving full time will be in charge.

Orthopedic Department

An Orthopedic Department with all the necessary equipment for the treatment of joint and bone tuberculosis was incorporated in the plans of the Infirmary Administration Building. A section of each Infirmary Wing will be assigned to this class of cases.

Surgical Department

The Infirmary Administration Building includes operating rooms, with all the necessary equipment for major and minor operations required in the treatment of the purely tuberculous or complicating conditions. In addition to this, a surgical dressing room was provided in the Main Administration Building for minor surgery that may be required in the case of ambulant patients.

Provision for Tuberculous Children

Of the ultimate capacity of 650 beds for ambulant cases, the Sanitarium will have from 200 to 240 beds for children. This provision is a combination of a sanitarium arrangement with open air school, the children being housed in open air cottages, each of which has a capacity of 25 to 30 beds. Children whose condition calls for absolute rest will be treated in the Infirmary.

A Maternity Department for Tuberculous Women

The facilities of the Infirmary of the Sanitarium include an important provision for tuberculous prospective mothers. It consists of confinement rooms with all the modern facilities, and a series of adjoining private rooms so located that their number can be easily extended to meet the demands of the situation.

This provision is the first of its kind in the country and will no doubt prove to be of great value in relieving a considerable proportion of distressing situations in which the tuberculous mother, the newborn babe, as well as the rest of the family, are frequently found together in an environment in which prevention of infection is absolutely impossible.

Nursery for Infants of Tuberculous Parents

The Nursery is for the accommodation of two classes of infants:

First, newborn infants from the Maternity Department of the Sanitarium;

Second, infants removed from those home surroundings in which prevention of infection is impossible. The initial accommodation is for twenty. The full consent of the parents will be the prerequisite of admission to this department.

A further extension of this provision will be made as soon as the various phases of the regime are formulated in the course of actual experience with this new work. Undoubtedly the undertaking will prove of great value in meeting one of the serious problems of the tuberculosis situation, viz.: the care of infants of tuberculous mothers and education of the community in the matter of proper care of all infants with poor resistance who are in close contact with tuberculous infection.

Provision for Isolation of Suspicious Cases of Contagious Disease

To facilitate control of any incipient epidemic of contagious disease at the Institution a special ward for each sex was included in the plans of the Infirmary. These two isolation wards are practically separate buildings attached to the east end of each Infirmary wing. Each isolation ward contains three single rooms for patients, nurse's room, separate bath and toilet facilities for patients and nurse, diet kitchen and special dressing room for physicians.

Open Air Quarters for Ex-Patients in Service of the Sanitarium

It is planned, to as great extent as possible, to give employment to the discharged patients in various departments of the Institution. In the furtherance of this policy, open air sleeping quarters were provided in various employes' buildings. Of the total housing capacity for about 150 employes, 44 beds are on specially constructed open air porches. The respective number of these beds in the various buildings is as follows:

	Total Provision	Open Air Porch Provision
Nurses' Building	74 beds	21 beds
Women Employes' Quarters	39 beds	16 beds
Male Employes' Quarters	23 beds	7 beds

In addition to this special provision window space in all employes' rooms is large enough to permit a practical approach to open air sleeping, the windows varying from 3 feet by 6 feet to 3 feet 10 inches by 6 feet 8 inches.

In the main, the medical arrangement of the Chicago Municipal Tuberculosis Sanitarium was so planned as to render possible:

Administration Building

1. A thorough study, with the aid of all modern methods, of each individual case of tuberculosis admitted to the Institution.

2. An efficient treatment of cases of pulmonary tuberculosis as well as tuberculosis of other organs.

3. An efficient treatment of important special classes of cases, such as infants of tuberculous mothers, tuberculous children, maternity cases among tuberculous women, etc.

The Sanitarium, with its present provision, is being launched to begin the serious work of institutional control of the important phases of the tuberculosis problem in Chicago. The present comprehensive arrangement is offered as the broad foundation, from which the ultimate complete system of municipal institutional control of the disease in Chicago can be realized.

DESCRIPTION OF THE INDIVIDUAL BUILDINGS

Administration Building

The Main Administration Buiding is in the foreground of the central group of Sanitarium buildings. It is a two-story brick structure, 52 by 194 feet.

In main, this building contains five provisions: (1) the central business and medical administrative offices for the entire Institution; (2) the examining and special treatment rooms for the ambulant group of cases, the number of which will reach 650 with the completion of the Institution (for detailed description of the administration of ambulant cases, see page 53); (3) the main laboratory; (4) the quarters for certain office employes and the medical staff (with the exception of that for the Infirmary); (5) storerooms for all general supplies with the exception of foodstuffs, for which comprehensive storage space is provided in the Service Building).

INTENTIONAL SECOND EXPOSURE

Nursery for Infants of Tuberculous Parents

The Nursery is for the accommodation of two classes of infants:

First, newborn infants from the Maternity Department of the Sanitarium;

Second, infants removed from those home surroundings in which prevention of infection is impossible. The initial accommodation is for twenty. The full consent of the parents will be the prerequisite of admission to this department.

A further extension of this provision will be made as soon as the various phases of the regime are formulated in the course of actual experience with this new work. Undoubtedly the undertaking will prove of great value in meeting one of the serious problems of the tuberculosis situation, viz.: the care of infants of tuberculous mothers and education of the community in the matter of proper care of all infants with poor resistance who are in close contact with tuberculous infection.

Provision for Isolation of Suspicious Cases of Contagious Disease

To facilitate control of any incipient epidemic of contagious disease at the Institution a special ward for each sex was included in the plans of the Infirmary. These two isolation wards are practically separate buildings attached to the east end of each Infirmary wing. Each isolation ward contains three single rooms for patients, nurse's room, separate bath and toilet facilities for patients and nurse, diet kitchen and special dressing room for physicians.

Open Air Quarters for Ex-Patients in Service of the Sanitarium

It is planned, to as great extent as possible, to give employment to the discharged patients in various departments of the Institution. In the furtherance of this policy, open air sleeping quarters were provided in various employes' buildings. Of the total housing capacity for about 150 employes, 44 beds are on specially constructed open air porches. The respective number of these beds in the various buildings is as follows:

	Total Provision	Open Air Porch Provision
Nurses' Building	74 beds	21 beds
Women Employes' Quarters	39 beds	16 beds
Male Employes' Quarters	23 beds	7 beds

In addition to this special provision window space in all employes' rooms is large enough to permit a practical approach to open air sleeping, the windows varying from 3 feet by 6 feet to 3 feet 10 inches by 6 feet 8 inches.

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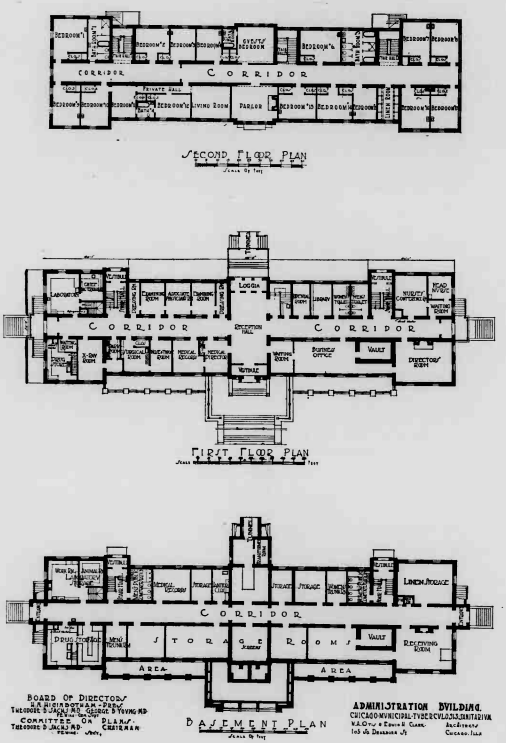


Floor Plans of Administration Building

The provisions included in the Main Administration Building are distributed as follows:

First floor
- Waiting room
- Business office
- Directors' room
- Library
- Pharmacy
- Office of Medical Director
- Medical Record room
- Office of Superintendent of Nurses
- Nurses Conference room
- Three Examining rooms (with two dressing rooms)
- Minor Surgery room
- Nose and Throat room
- Dental room
- Two X-Ray rooms
- Main Laboratory
- Chief Bacteriologist's Laboratory
- Lavatories

Second floor
- Suite of rooms for the Medical Director
- Twelve rooms for Resident Physicians and other office employes
- Visitors' room
- Physicians' Library and Parlor
- Bath rooms

Basement
- Laboratory Work Room and Animal Experimentation room
- Two Drug and Medical Supply rooms
- (The basement laboratories and drug rooms are connected by separate stairways with their respective departments on the first floor)
- Medical Record store room
- General supply receiving room
- Nine storage rooms (3,000 square feet of space)
- Two Public Comfort Stations
- Transformer room
- Janitor's closet

The Main Administration Building is connected by a tunnel 9 feet wide with the Service Building, the Dining Halls, the Infirmary and the Power House. The tunnel extends a distance of 1500 feet.

The large windows in this building, 4 feet 4 inches by 6 feet, permit most thorough ventilation.

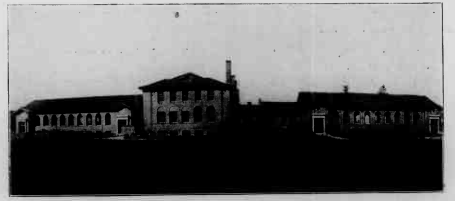
The estimated cost of this building is $88,000.

Service Building

One hundred feet east of the Main Administration Building is a group of three buildings arranged in the shape of a cross, in which the two Patients' Dining Halls, which extend east and west, form a vertical line divided in the center by the Service Building extending north and south.

The position of the above buildings is as follows: First, Patients' Dining Hall (for men); east of it the Service Building; east of the Service Building, the Women's Dining Hall.

The Service Building, a two-story and basement brick structure, contains the following provisions: (1) the culinary department for the entire Institution, with all its auxiliary arrangements; (2) the Steward's



Men's Dining Hall, Service Building and Women's Dining Hall

office and the housekeeping department; (3) stores for foodstuffs and supplies for the culinary department; (4) quarters for the female service employes.

The plan of food distribution to the various departments of the Institution is as follows:

For Ambulant Patients. Food is carried from the kitchen through connecting corridors leading directly to the two Patients' Dining Halls, which are for the accommodation of the ambulant cases.

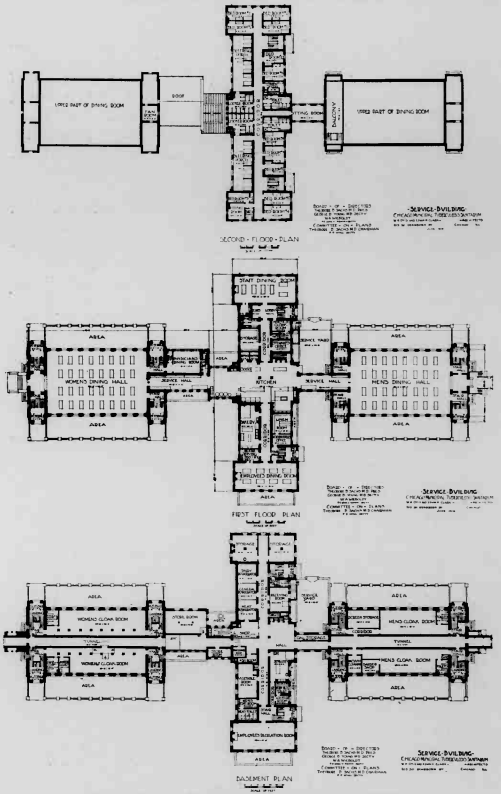
For Infirmary Patients. Food is carried in steam-heated containers, placed in dumb elevators, to basement of the Service Building, then through the tunnel a distance of 630 feet to serving pantries in connection with the two dining halls of the Infirmary (one for each wing).

Both Infirmary wings are provided also with diet kitchens on each floor for the preparation of any special diet required in certain cases.

The Infirmary Dining Halls, one for each sex, are one-story structures attached to the center of each Infirmary wing, and measuring 29 feet 8 inches by 55 feet 2 inches. They have large triple windows extending along the entire west, north and east sides, furnishing plenty of light and ventilation. The ceiling is 12 feet high.

It was anticipated that out of 150 patients in each Infirmary wing 60 would be the largest number that would be in a condition to go to the dining room. This estimate was made the basis in arranging the capacity of both dining halls, the position of which is such that their capacity can be very easily extended.

For Medical Staff. The dining room for the medical staff is connected by a special serving pantry with the main kitchen, which is just west of it. It is a pleasant room, 17 feet 5 inches by 22 feet, provided



Floor Plans of Service Building and Dining Halls

INTENTIONAL SECOND EXPOSURE

Men's Dining Hall, Service Building and Women's Dining Hall

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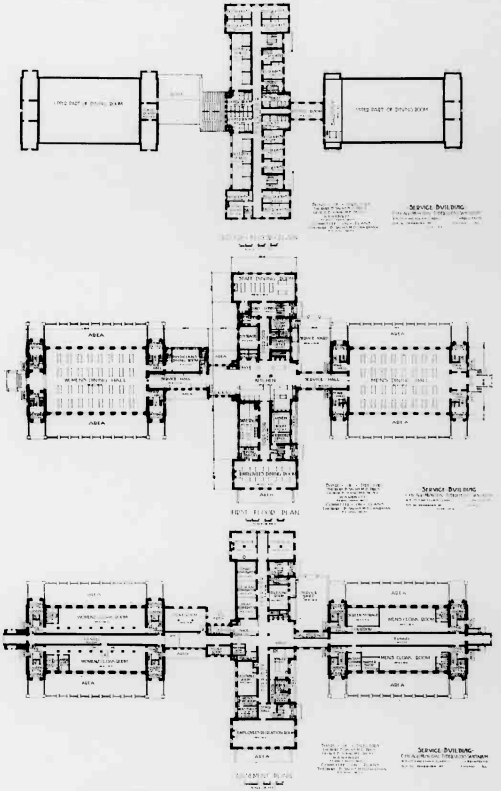


Floor Plans of Service Building and Dining Halls

with large French windows on the south, west and east sides, this insuring plenty of light and ventilation. The room was planned to seat about 30 people.

For Nurses. The Nurses' Dining Room is at the south end of the Service Building, connected with the kitchen by a corridor 46 feet long. It has its own serving pantry. The Dining Room, 21 feet 4 inches by 49 feet 10 inches, is exposed to the west, south and east sides, and is provided with plenty of window space. The room was planned to seat comfortably 75 people.

For Employes. The Employes' Dining Room is at the north end of the Service Building, exposed to the west, east and north sides, with plenty of window space to insure thorough ventilation. This dining room is 21 feet 4 inches by 49 feet 10 inches and was planned to accommodate in two sittings all the service employes in the Institution.

To summarize briefly the general plan of dining room service in the Sanitarium:

(1) Food to all departments, with the exception of the Infirmary, is carried directly from the kitchen to the respective dining halls connected with it; (2) food to the Infirmary is carried in special containers through the tunnel to the Infirmary Dining Halls.

The provisions found on each floor of the Service Building are as follows:

First floor
- Main kitchen
- Dishwashing room
- Chef's refrigerators
- Supply pantry
- Bakery
- Steward's office
- Linen room
- Housekeeper's office
- Staff dining room
- Nurses' dining room

Second floor (Quarters for women employes)
- Housekeeper's suite (2 rooms and bath)
- Eleven double rooms
- Sitting room
- Two open air sleeping porches (16 beds)
- Locker rooms
- Linen room
- Bath and toilet facilities

Basement.
Service employes' recreation room (separate entrance); Scullery; Vegetable room; three Refrigerators; Receiving room (supplies); two storerooms; Butcher shop; Employes' toilet rooms.

The store space of the Service Building is about 2,200 square feet.

The Service Building has its own enclosed yard, through which all supplies for this building are delivered into the general receiving room.

The kitchen department of the Service Building is fireproof.

Patients' Dining Halls

The two Patients' Dining Halls (for men and women), one east and the other west of the Service Building, are one-story and basement structures, connected to the Service Building by enclosed corridors.

Each Dining Hall is 111 by 62 feet and is provided with four entrances from which stairways lead down to patients' cloakrooms in the basement, which is well above the ground, insuring plenty of light and ventilation. From the same entrance vestibules four stairways lead to the Dining Halls.

The Dining Halls are from 13 to 17 feet high, the ceiling being arched, 80 feet long and 49 feet wide. They are provided with large windows on the south and north sides, 5 feet by 7 feet 11 inches. The floor is red tile.

In arranging the accommodation of the Dining Halls it was planned to seat the patients in groups of eight at tables placed in four rows along the long axis of the Dining Hall, each row containing 8 tables. The utmost capacity of each Dining Hall is for about 300 patients.

As in all other buildings of the Sanitarium, the Patients' Dining Halls are devoid of any ornamentation. They are simple in design, attractive in appearance and provide plenty of space, light and air.

The estimated cost of this group of buildings (Service Building and Dining Halls), is $207,000.

Infirmary Group

The Infirmary group of buildings consists of a central Administration Building and two Infirmary wings, one for each sex. The buildings are two-story and basement, of fireproof construction, built of brick and reinforced concrete. They form by their position the letter "H," in which the two hospital wings represent the vertical lines and the Administration Building the connecting link.

The Infirmary occupies a central position on the Sanitarium Grounds. It is east of the Women's Dining Hall, the distance ranging from 125 feet to the west ends of the Infirmary wings to 240 feet to the Infirmary Administration Building. The buildings are so placed as to give the patients utmost freedom from any disturbing influences and to furnish them with practically separate grounds.

Two lawns, one 200 feet square, and another 150 by 200 feet, are east and west of the Infirmary Administration Building, being accessible to both Infirmary wings. A lawn north of the Men's Infirmary wing extends along the entire building 300 feet to the north. A similar lawn south of the Women's Infirmary wing extends 200 feet to the south. A wide lawn is interposed between the Infirmary and the Power House, extending a distance of 700 feet.

In a general way the Infirmary contains the following provisions:

(1) Administrative medical offices of the Infirmary; (2) quarters of the Infirmary medical staff; (3) examining and special treatment rooms for the Infirmary cases, including the Orthopedic room; (4) routine laboratory of the Infirmary; (5) special X-Ray department; (6)

operating rooms of the Institution; (7) Maternity department; (8) Nursery; (9) Special Isolation department in each Infirmary wing; (10) 74 single rooms for patients, 44 double rooms and 16 open air wards, each with a capacity of 6 to 8 beds; (11) one dining hall with serving pantry and diet kitchen in each Infirmary wing; (12) Mortuary and Autopsy Rooms in the basement.

The location and the arrangements of the Infirmary were so planned as to make this department a practically complete unit in itself in most of its essential provisions. It has its own medical and laboratory facilities and includes all such additional provisions as are by their nature a part of an Infirmary: Operating rooms, Orthopedic Department, Maternity Department, etc.

The character of cases to be treated in the Infirmary determined the type of the patients' quarters, about one-third of the provision consisting of single rooms for patients who are acutely ill, requiring absolute rest, one-third double rooms, and one-third six-bed open air wards, reserved for convalescent cases.

Each floor in the Infirmary Wings has its own diet kitchen for the preparation of special dietary or additions to the general diet of the main kitchen.

Special utility rooms are provided on each floor with all the equipment necessary in the handling of bed cases.

Close supervision of individual cases is rendered possible by the employment of adequate medical and nursing service, assisted by a silent signal system connecting all the patients' quarters with the nurses' offices.

All patients' rooms are supplied either with casement windows with transoms above them, or with triple hung windows, this permitting the transformation of any room into practically an open air porch.

The open air wards include: (1) a sleeping porch, 16 feet by 32 feet, facing south and equipped on that side with triple-hung sash windows, for use in case of stormy weather; (2) locker and dressing rooms, 14 feet 4 inches by 22 feet 3 inches, and (3) toilet and bath rooms containing 1 toilet, 3 wash basins, 1 tub and 1 dental lavatory.

A corridor, 9 feet 4 inches wide and 357 feet long, extends along the entire length of each Infirmary Wing to a large open air recreation porch, 26 feet 6 inches by 73 feet 3 inches, at the east end of each building. The four recreation porches are open on the east and south sides with canvas curtains provided for use in stormy weather. The porches are for the accommodation during the day of patients in the single and double rooms, whose condition permits a change for the day, or part of the day, from the monotony of a private room to the diversion afforded by the companionship of other patients.

The estimated cost of the Infirmary Group is $599,650.

The individual provisions are distributed as follows:

Infirmary Administration Building

First Floor

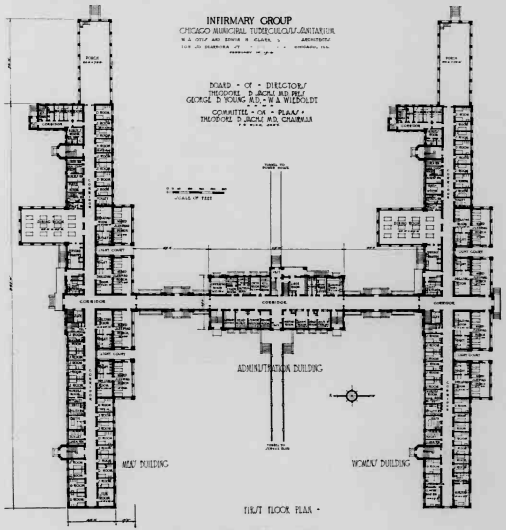
Office of Senior Physician; Examining room, with adjoining dressing room; Nose and Throat room; Laboratory; Drug room; Head Nurse's Office; Medical Record room; X-Ray room; Operating Department (suite of six rooms); Orthopedic room; Surgical Dressing room; Linen room; Toilet room.

Second Floor

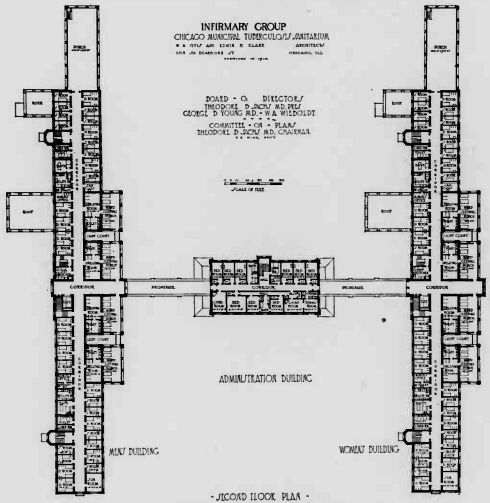
Associate Medical Director's Suite (five rooms with bath); six single bedrooms; General Living room; Linen room; Bath and Toilet rooms.

Basement

Mortuary and Autopsy rooms; Disinfecting room; Sputum room; Machine room; Transformer room; Supply Receiving room; Public Comfort Stations; Employes' toilet rooms.



Infirmary First Floor Plan



Infirmary Second Floor Plan

Men's Infirmary

First floor
- Dining room and Serving Pantry
- Diet Kitchen
- Two Nurses' Offices
- Two Utility rooms
- Two Linen rooms
- Four Open Air Wards (6 beds each) with locker and toilet rooms
- Eight Patients' Double rooms, 12 feet 6 inches by 13 feet 4 inches
- Eighteen Patients' Single rooms, 8 feet 6 inches by 14 feet 4 inches
- Sun room
- Recreation porch

Second floor
- Two Nurses' offices
- Diet Kitchen
- Two Utility rooms
- Two Linen rooms
- Sun room
- Recreation Porch
- Bath and Toilet rooms
- Four Open Air Wards (6 beds each, with locker and toilet rooms)
- Fifteen Patients' Double rooms, 12 feet 6 inches by 14 feet 4 inches
- Seventeen Patients' Single rooms 8 feet 6 inches by 14 feet 4 inches

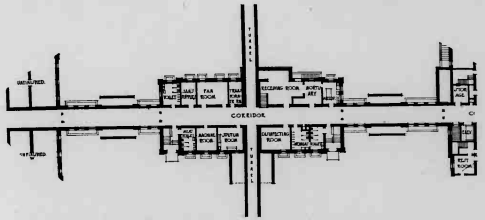
Isolation ward
- Three single rooms, nurse's room with bath, diet kitchen, patients' bath room

Women's Infirmary

First floor
- Dining room and Serving Pantry
- Diet Kitchen
- Two Nurses' offices
- Two Utility rooms
- Two Linen rooms
- Four Open Air Wards (6 beds each, with locker and toilet rooms)
- Six Patients' Double rooms
- Sixteen Patients' Single rooms
- Maternity Department
- Nursery, with diet kitchen attached
- Sun room
- Recreation Porch

Second floor
- Two Nurses' offices
- Diet Kitchen
- Two Utility rooms
- Two Linen rooms
- Sun rooms
- Recreation Porch
- Bath and Toilet rooms
- Four Open Air Wards (6 beds each, with locker and toilet rooms)
- Fifteen Patients' Double rooms
- Seventeen Patients' Single rooms

Isolation Ward
- Three single rooms, nurse's room with bath, diet kitchen, patients' bath room

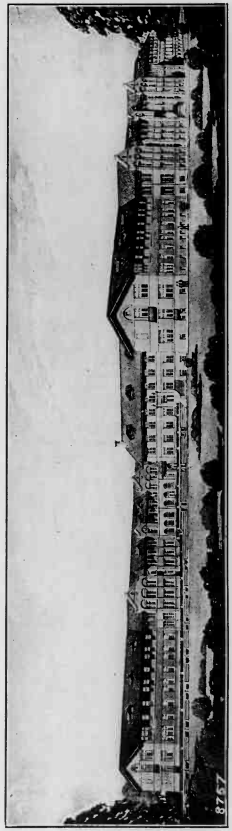


Basement Plan, Infirmary Administration Building and Part of Infirmary Wings

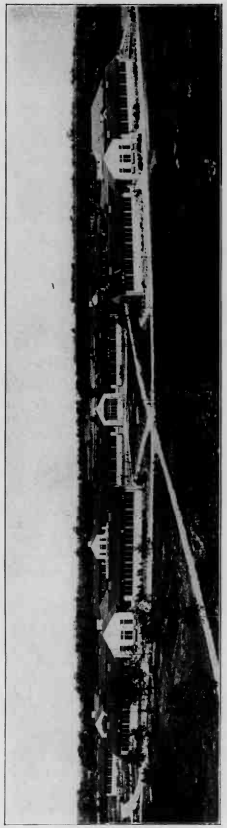
Quarters and Grounds for Ambulant Cases

Some of the important features of the general arrangement of quarters and grounds for ambulant patients are as follows:

Grounds and Grouping of Cottages. The cottages for the ambulant women patients, including children of the same sex, occupy an area of about 15 acres south of the central group of Administration buildings. Those for the men and boys are north of the same group of buildings, covering an area of about 13 acres. A lawn from 165 to 400 feet wide is interposed between the central group of Administration buildings and the group of cottages on either side. The distance from the Dining Halls to the cottages for each respective sex varies from 400 feet to 1,200 feet. The assignment of patients to cottages situated at various distances from the Dining Hall will be governed by the general condition of patients.



Infirmary Group, Chicago Municipal Tuberculosis Sanitarium



Group of Adult Patients' Cottages

The cottages for each sex are grouped in rows of two to four around a central Unit Administration Building. All cottages face southeast. This position gives the patients the maximum amount of sunlight and protects them from the hot afternoon sun in summer and the prevailing northwest winds in winter. The rows of cottages are separated by lawns about 70 feet wide, with the distance between the ends of the cottages averaging 100 feet.

A system of intersecting asphalt macadam walks and drives connects all cottages and the central group of Administration buildings.

The four cottages for girls and the same number for boys are grouped together at the east end of the grounds reserved for each sex. (The Block plan on page 19 indicates the position of buildings for the ambulant group of patients.)

The entire grounds occupied by the south and north groups of cottages were transformed into lawns with shrubs and perennial plants clustered around the individual buildings.

A lawn from 335 to 535 feet wide south of the group of cottages for women and from 370 to 570 feet wide north of the group of cottages for men is reserved for separate recreation grounds for each sex.

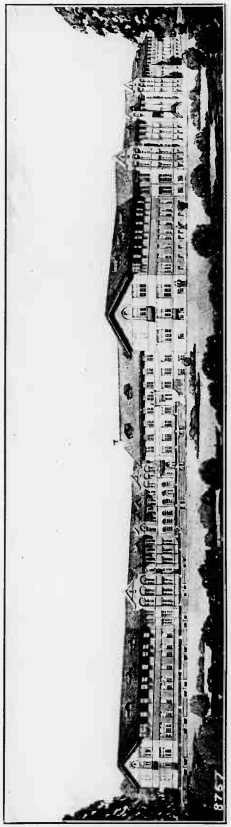
Cottages for Adults

The open air cottages for ambulant patients are one-story buildings of frame construction with stucco exterior. The cottages consist of a central enclosed portion with two open porches on each side. The central portion includes a living room, the front of which projects 9 feet beyond the two adjoining porches, and a rear annex containing the dressing rooms, bath and toilet facilities. This part of the building rests on concrete posts with brick walls interposed between them. A basement, 19 feet 2 inches long by 28 feet 8 inches wide, in the rear of this portion of the building is for the transmission of service pipes from the conduits extending from the power house. The porches rest on concrete posts.

The open air cottages of the Sanitarium were modeled after the lean-tos of the Loomis Sanitarium at Liberty, New York, with all such modifications as were incorporated in the course of construction of various sanitaria in this country, with the addition of important changes developed in building the cottages of the Edward Sanatorium at Naperville, Illinois. Opon air cottages of various types were thoroughly studied and the final plans adopted by the Chicago Institution were the result of incorporation of all desirable features, modification and elimination of various details and addition of such arrangements as seemed desirable from the standpoint of the comfort and right care of patients.

The porches, 63 feet long by 18 feet wide, contain the following distinctive features:

INTENTIONAL SECOND EXPOSURE



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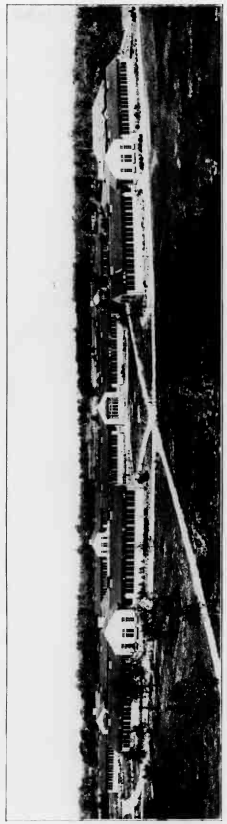

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A system of intersecting asphalt macadam walks and drives connects all cottages and the central group of Administration buildings.

The four cottages for girls and the same number for boys are grouped together at the east end of the grounds reserved for each sex. (The Block plan on page 19 indicates the position of buildings for the ambulant group of patients.)

The entire grounds occupied by the south and north groups of cottages were transformed into lawns with shrubs and perennial plants clustered around the individual buildings.

A lawn from 335 to 535 feet wide south of the group of cottages for women and from 370 to 570 feet wide north of the group of cottages for men is reserved for separate recreation grounds for each sex.

Cottages for Adults

The open air cottages for ambulant patients are one-story buildings of frame construction with stucco exterior. The cottages consist of a central enclosed portion with two open porches on each side. The central portion includes a living room, the front of which projects 9 feet beyond the two adjoining porches, and a rear annex containing the dressing rooms, bath and toilet facilities. This part of the building rests on concrete posts with brick walls interposed between them. A basement, 19 feet 2 inches long by 28 feet 8 inches wide, in the rear of this portion of the building is for the transmission of service pipes from the conduits extending from the power house. The porches rest on concrete posts.

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The porches, 63 feet long by 18 feet wide, contain the following distinctive features:

Type of Adult Patients' Cottage

(1) The front is open, with the exception of a solid railing two feet high and a continuous row of transoms, intended for ventilation in stormy weather, when the five-foot open space extending from the railing to the transoms will be closed by means of canvas curtains.

(2) The end wall of each porch has three windows toward the rear and a large sliding door in the front, which when open adds materially to the ventilation.

(3) The rear wall of the porch has a row of thirteen windows, which, in groups of three, are placed 4 feet 9 inches above the floor.

(4) Additional ventilation is provided by means of two ventilators in the roof over the porch.

With the bed placed against the rear wall of the porch, there is a space of three feet between the beds, and an area eleven feet wide extending the length of the entire porch reserved for the reclining chairs used by the patients.

The living room is 18 feet by 22 feet 6 inches, with the ceiling 13 feet 5 inches above the floor. It is steam heated and has an open fireplace, which materially adds to its attractiveness. From six to eight large casement windows in the front, with transoms above them and two high double sash windows in the rear, furnish the necessary light and ventilation. Two ventilators are included in the ceiling of the room. Two double glass doors lead to the open air porches, and two single doors connect with an enclosed vestibule placed between the living room and the rear annex. The living room includes a bookcase built into the rear wall on one side of the fireplace, and a sink on the other side for the washing of glasses and dishes used for any special diet prescribed between meals.

In the rear of the living room are two spacious closets.

The annex is 31 feet wide by 34 feet deep and is divided equally into two sections, one for each porch. Each section contains the following arrangements for the ten patients occupying the adjoining porch:

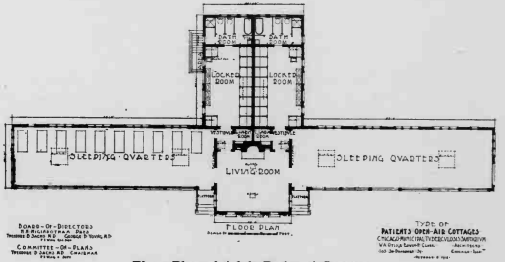
Ten Lockers
Five Wash Bowls
One Dental Lavatory
Two Toilets
One Bath Tub
One Shower
One Janitor's Sink

The distinctive features of this part of the building are as follows:

(1) Each locker, 3 feet by 3 feet 9 inches, is provided with a chest of three drawers placed 2 feet 6 inches above the floor, with space underneath reserved for trunks. A space, 1 foot 9 inches by 3 feet, in the front of the locker permits privacy in dressing and undressing. The door opening into the locker has a 2-foot square wire mesh window for the purpose of ventilation. Similar wire mesh openings are in the top of each locker, which extends to about 2 feet below the ceiling of the dressing room.

(2) Eight of the ten lockers in each dressing room are placed against the central wall, thus obviating the palpable defect in some of the types of open air cottages where the lockers are arranged against the outside wall, obstructing the ventilation of the dressing room.

The outside wall of the dressing room in the cottages of the Chicago Institution contains two casement and two double sash windows, which furnish plenty of light and ventilation.



Floor Plan of Adult Patients' Cottage

INTENTIONAL SECOND EXPOSURE

Type of Adult Patients' Cottage

(1) The front is open, with the exception of a solid railing two feet high and a continuous row of transoms, intended for ventilation in stormy weather, when the five-foot open space extending from the railing to the transoms will be closed by means of canvas curtains.

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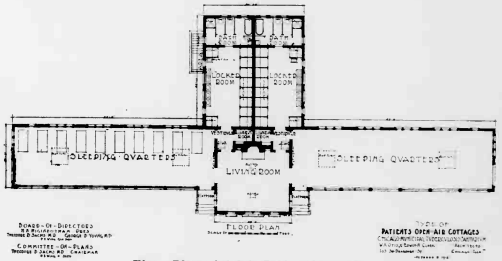

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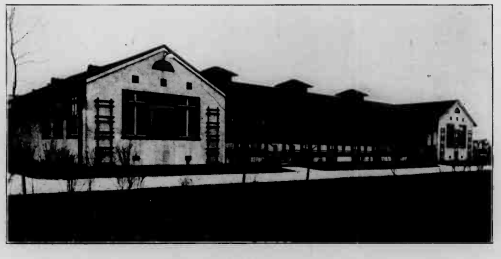


Type of Children's Cottage

(3) Five wash basins were placed in each dressing room, one to be assigned to each two patients, who will be held responsible for its sanitary condition.

(4) The dental lavatories are of large size, 17 inches by 17 inches, and 11 inches deep. This type was selected in order to obviate the unsanitary condition unavoidable around the common diminutive type of dental lavatories.

(5) The dressing room contains 9 feet by 19 feet of free space, which is larger than the space allowed in the ordinary type of cottage.

The estimated cost of each cottage is $14,380.

Cottages for Children

The open air cottages for children are of frame construction with stucco exterior. Each cottage consists of one-story buildings, connected by a sleeping porch with an open terrace in front of it. Each of these end buildings rests on concrete posts with brick walls interposed between them. They project 10 feet beyond the north wall of the sleeping porch and contain in the rear a basement, 9 feet 10 inches long by 22 feet 5 inches wide, for the transmission of service pipes from the conduits extending from the Power House. The porch rests on concrete posts.

The cottages for children are of the lean-to type materially modified to meet the special needs of sanitarium care of children.

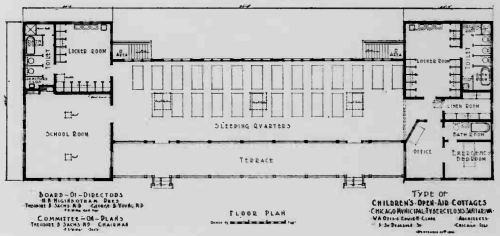
As the experience of sanitarium builders up to the present date has been meager in the matter of construction of open air buildings specially designed for children, it became necessary to improvise a number of arrangements essential to buildings of this kind.

The important features of the Children's Cottage at the Chicago Municipal Tuberculosis Sanitarium are as follows:

(1) The open air porch, which serves as sleeping quarters, is centrally located, connecting the two end buildings. It is 29 feet 9 inches long and 80 feet 6 inches wide, giving sufficient space for twenty-five or more beds. The north, west and east sides of the porch are enclosed. The south side is open, having been treated in the same way as the corresponding side in the adult cottages, with a railing extending 2 feet 3 inches above the floor, a continuous row of transoms under the eaves and an open space 4 feet 6 inches wide, by 78 feet 3 inches high, along the entire length of the porch, which can be closed with canvas curtains in case of inclement weather. In front of the porch, along its entire length, is an open terrace 2 feet 3 inches above the ground, which was planned for outdoor rest of children in favorable weather.

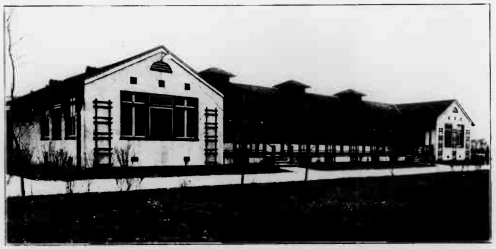
(2) The enclosed east end of the building contains: (a) an office, 10 feet by 15 feet 3 inches, with a window overlooking the entire porch, this facilitating the supervision essential in the case of children; (b) an emergency hospital room, 12 feet 9 inches by 15 feet 7 inches (with bath and toilet), for temporary isolation of children who may become acutely ill at night; (c) a linen and supply room, 7 feet 7 inches by 12 feet 9 inches; (d) a spacious dressing room, 15 feet by 20 feet, which contains 13 lockers, 3 wash bowls and a dental lavatory. The bath room, 8 feet 1 inch by 18 feet 5 inches, includes one bath tub, one shower, three toilets and a janitor's closet.

(3) The enclosed west end of the building contains a large school and assembly room, 23 feet 1 inch by 23 feet 7 inches, and in the rear of it locker, bath and toilet rooms for twelve children. The school and



Floor Plan of Children's Cottage

INTENTIONAL SECOND EXPOSURE



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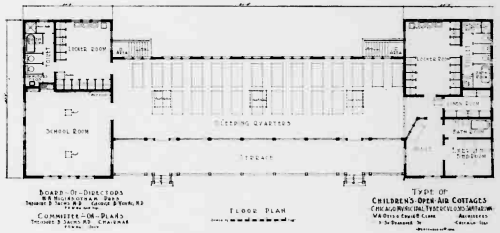


Floor Plan of Children's Cottage

assembly room, the nurse's office and the emergency hospital room are furnished with casement windows, giving plenty of light and ventilation. The bath and locker rooms on each side have 9 two-sash windows.

Additional ventilation is supplied by three ventilators in the roof of the porch and one in each end building.

The estimated cost of each Children's Cottage is $15,550.

It is planned to use the Children's Cottages for the type of children in which sanitarium regime is consistent with a properly arranged school curriculum.

In the matter of provision of school teachers the Sanitarium will have the co-operation of the Board of Education.

On the day of opening of the Institution there will be four cottages, with a total capacity of 50 to 60 beds for girls and the same number for boys. During the coming year four more cottages will be constructed.

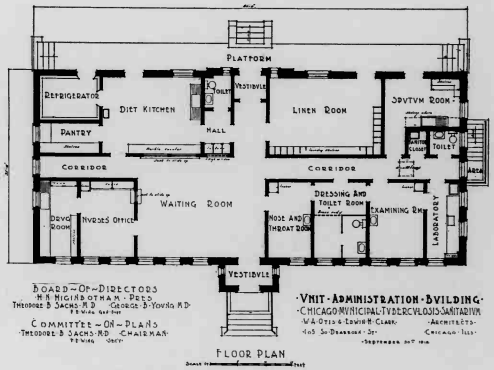
All children acutely ill will be taken care of in the Infirmary.

The cottages for children are grouped separately from those of adults and have their own recreation grounds.

Unit Administration Buildings

The Sanitarium includes two Unit Administration Buildings, each occupying a central position in one of the two groups of open air cottages. These buildings were provided to facilitate: (1) close supervision of the regime of ambulant cases; (2) administration of special routine treatments necessary in certain cases; (3) serving of special diets, and (4) storage and distribution of drugs

Unit Administration Building



Floor Plan of Unit Administration Building

and medical supplies for this part of the Institution.

The Unit Administration Buildings are one-story brick structures, containing the following provisions:

- Office of Head Nurse
- Drug room
- Examining room
- Dressing room
- Laboratory
- Nose and Throat room
- Sputum Incinerator room
- Linen room
- Diet Kitchen (with refrigerator and pantry)
- Lavatories
- Waiting room

The estimated cost of each Unit Administration Building is $16,440.

The Nurses' Home

The Nurses' Home is situated in the women's section of the grounds, sufficiently removed from the patients' cottages to insure privacy. It is a "T" shaped two-story and basement brick building, so placed as to furnish the maximum of daily sunshine to the individual rooms. The front part of the building faces southwest, the rear extension southeast.

The building is for the accommodation of about 70 nurses, the estimated cost of construction being $88,600.

Considering the character of work of nurses in a tuberculosis institution, as well as the great need of complete relaxation following a day's hard work, a number of features were incorporated in this building to afford the nurses the average comforts of a home, combined with provisions essential to recuperation and maintenance of health.

INTENTIONAL SECOND EXPOSURE

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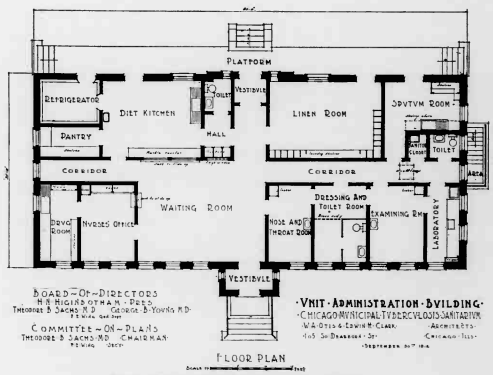

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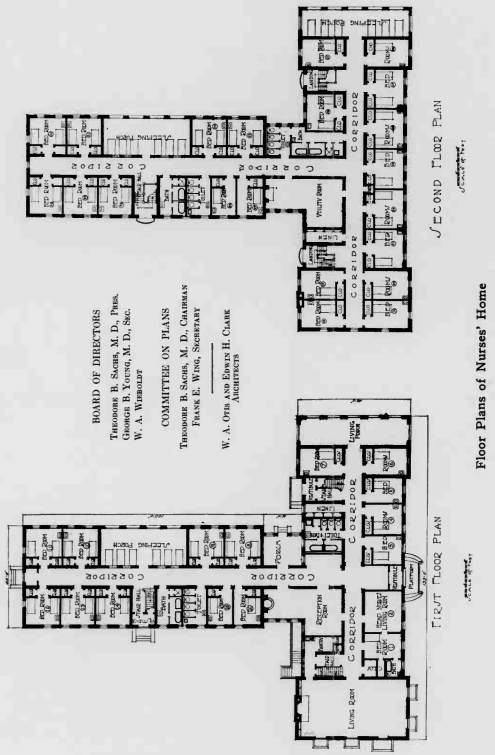
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ARCHITECTS
SECOND FLOOR PLAN
FIRST FLOOR PLAN

Floor Plans of Nurses' Home

Nurses' Home

Some of the important features of the Nurses' Home are as follows:

(1) Of the total number of 20 double and 16 single bedrooms, 14 double and 12 single rooms face either southeast or southwest and only 4 single and 6 double rooms northwest. Every room has running water. Large windows furnish adequate ventilation.

(2) To render feasible the employment of cured patients as pupil nurses, three sleeping porches were provided with a capacity of 18 beds. Two open porches were provided for day recreation.

(3) A general assembly room, 23 feet 4 inches by 44 feet 4 inches, with French windows, and a reception room, 19 feet 2 inches by 15 feet, are a feature of the Home.

(4) A Utility Room, 15 feet by 18 feet, with all the necessary facilities, was incorporated to give the nurses quarters for such work as sewing, mending, ironing and similar work essential to women.

(5) The Home includes a small pantry and diet kitchen for the use of nurses.

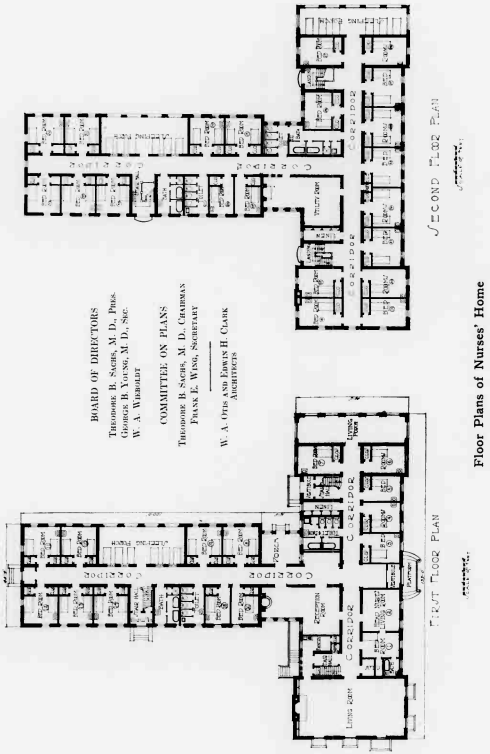
(6) The building is provided with 11 baths and showers and 16 toilets.

The Nurses' Home has its own recreation grounds.

Power House and Laundry

The Power House and Laundry Building, a fireproof brick structure, is far removed from all other buildings of the Sanitarium. It is at the extreme east end of the central group of build-

INTENTIONAL SECOND EXPOSURE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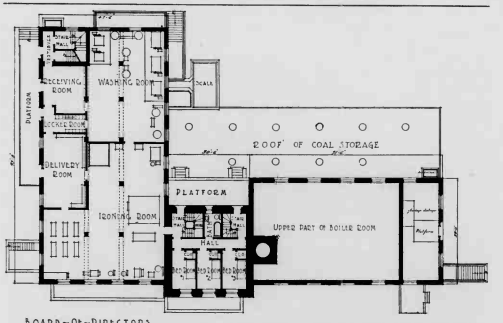


ings which divide the grounds into the south and the north sections.

The building, with its tower rising to a height of 120 feet, stands out prominently among all other buildings and can be seen at a considerable distance on approaching the Institution.

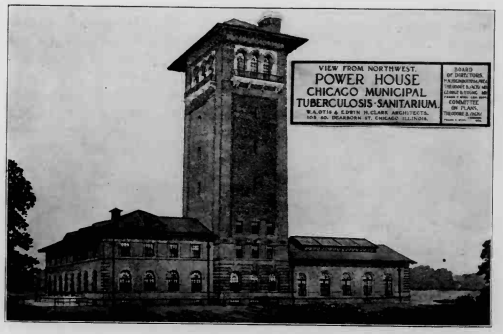
The estimated cost of the building, including all the mechanical equipment, is $164,000.

The Boiler House section is a one-story structure with its floor line 7 feet below grade. The roof, as on all other buildings of the central group, is of red tile with a skylight providing additional light and ventilation. This in addition to eight windows, 5 feet by 12 feet each. The Boiler House contains the following rooms and equipment:

Boiler House with 3 boilers (2 chain grate stokers and 1 hand fired furnace)
Coal Storage room
Ash Storage
Incinerator room
Dressing and Locker room for male employes of the Power House and Laundry
Toilet and Shower room containing
1 shower
2 toilets
3 wash bowls

The boiler room is at the extreme end of the tunnel which connects all the central buildings. A passageway connects the boiler room with the machine room in the basement of the laundry section of the building.

The Tower, which is the central portion of the Power House and Laundry Building, is a brick structure, 33 by 33 feet. The first floor contains the Chief Engineer's office, bedroom and bath and toilet room. The second and third floors contain, each, three bedrooms and bath and toilet room.



Power House and Laundry

In the upper portion of the Tower is a steel water tank of 60,000 gallons capacity. This arrangement was necessary to provide a reserve storage supply and adequate pressure for fire protection.

The Laundry Section is a two-story and basement structure, containing the following provisions:

First floor

The main laundry of the Institution, fully equipped to do all laundry work for 1,200 people and containing the following provisions:
Receiving room, with large sterilizing apparatus connecting through wall to wash room.
Wash room, containing 5 washers, 2 extractors, soap tanks, starch cooker, collar and cuff starcher, etc.
Dry room and Ironing room, containing large dry room, drying tumbler, mangle, cuff press, combination ironer, sleeve ironer, band ironer, 2 body ironers, 6 ironing boards with electric irons, finishing table with seam dampener, shaper, edger, etc., and all other necessary equipment.
Sorting and Delivery room.

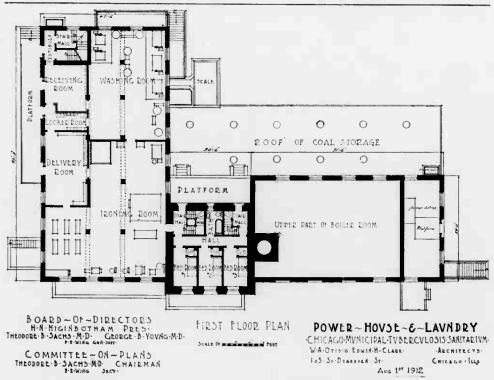
Basement

Auxiliary dynamo of full capacity to provide electric current in case of temporary suspension of the current supplied by the Sanitary District.
Service pumps
Hot water tanks
Refrigeration plant (CO_2) with service to Infirmary, Service Building, Main and Unit Administration Buildings
Ice making machine
Vacuum exhaust pumps
Electric motors for tool machinery

Second floor

Living room
8 double-bed rooms
Sleeping porch for 5 beds with locker room adjoining.
Linen room
Bath and toilet room containing 4 wash bowls, 2 showers, 2 tubs and 5 toilets

INTENTIONAL SECOND EXPOSURE



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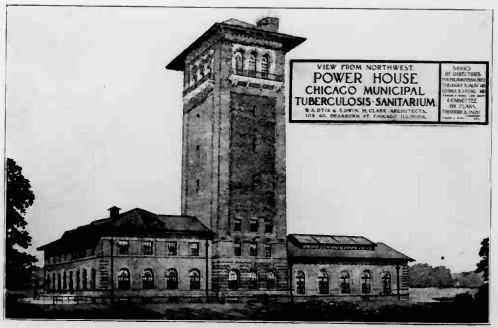
The boiler room is at the extreme end of the tunnel which connects all the central buildings. A passageway connects the boiler room with the machine room in the basement of the laundry section of the building.

The Tower, which is the central portion of the Power House and Laundry Building, is a brick structure, 33 by 33 feet. The first floor contains the Chief Engineer's office, bedroom and bath and toilet room. The second and third floors contain, each, three bedrooms and bath and toilet room.



Power House and Laundry

In the upper portion of the Tower is a steel water tank of 60,000 gallons capacity. This arrangement was necessary to provide a reserve storage supply and adequate pressure for fire protection.

The Laundry Section is a two-story and basement structure, containing the following provisions:

First floor

- The main laundry of the Institution, fully equipped to do all laundry work for 1,200 people and containing the following provisions:
- Receiving room, with large sterilizing apparatus connecting through wall to wash room.
- Wash room, containing 5 washers, 2 extractors, soap tanks, starch cooker, collar and cuff starcher, etc.
- Dry room and Ironing room, containing large dry room, drying tumbler, mangle, cuff press, combination ironer, sleeve ironer, band ironer, 2 body ironers, 6 ironing boards with electric irons, finishing table with seam dampener, shaper, edger, etc., and all other necessary equipment.
- Sorting and Delivery room.

Basement

- Auxiliary dynamo of full capacity to provide electric current in case of temporary suspension of the current supplied by the Sanitary District.
- Service pumps
- Hot water tanks
- Refrigeration plant (CO_2) with service to Infirmary, Service Building, Main and Unit Administration Buildings
- Ice making machine
- Vacuum exhaust pumps
- Electric motors for tool machinery

Second floor

- Living room
- 8 double-bed rooms
- Sleeping porch for 5 beds with locker room adjoining.
- Linen room
- Bath and toilet room containing 4 wash bowls, 2 showers, 2 tubs and 5 toilets

Transformer Station

The Transformer Station is situated 50 feet east of the Power House. It is a one-story fireproof brick structure, 20 feet 2 inches by 28 feet 2 inches, containing 9 transformers for the reduction of 12,000-volt current received from the Sanitary District, which supplies all the electric power and light current needed in the Institution.

The estimated cost of the Transformer Station is $20,000.

Farm Buildings

The extreme east section of the Sanitarium Grounds is reserved for the farm buildings and garage.

The farm house is a one-story and basement brick structure, 33 feet by 45 feet 6 inches, containing 5 rooms and bath, with a laundry room in the basement.

The garage is a one-story brick building, 46½ feet by 73 feet, for the accommodation of 6 to 8 automobiles and motor trucks. It includes an office, store room, work room and lavatory.

The barn is a one-story brick structure, 27 feet by 103 feet, which includes the following provisions:

Store room for farming implements
Room for vehicles and trucks
Hay Loft
Stable
Harness room.

The estimated cost of farm house, barn and garage is $35,400.

Gate Lodge

The Gate Lodge was placed at the main entrance to the Sanitarium Grounds for the purpose of direction of vehicles and pedestrians entering the Institution. It is a one-story brick structure, containing an office, bedroom, bath and store room.

The estimated cost of the Gate Lodge is $3,500.

Fence

A simple wire fence with iron posts surrounds the Sanitarium Grounds with an ornamental iron fence and gate at the main entrance. Another iron gate is found at the northeast corner of the grounds for the accommodation of heavy traffic.

The Tunnel

The Tunnel is one of the distinctive features of the Institution. It extends from the Main Administration Building on the west, through the entire length of the Sanitarium Grounds to the Power House on the east. It traverses a distance of 1,550 feet, connecting the basements of the Administration Building, Dining Halls, Service Building, Infirmary and the Power House. The Tunnel is 7 feet wide and 9 feet high, and serves the following purposes:

1. Accommodation of all service pipes, including steam, water, waste, refrigeration, electricity and telephone.
2. Transportation of food to the Infirmary and of supplies to the central group of Administration Buildings.
3. Underground passageways between all Sanitarium buildings with the exception of Patient's Cottages, Nurses' Home and Farm buildings.

The roof of the tunnel serves as a concrete walk, connecting all the central buildings.

ACKNOWLEDGMENTS

The successful completion of the Chicago Municipal Tuberculosis Sanitarium offers an opportunity for an expression of appreciation of co-operation on the part of several individuals.

Appreciation is due to Mayors Busse and Harrison for unqualified support given to the Board through the entire period of planning and construction of the Institution.

The first Board of Directors, consisting of Harlow N. Higinbotham, Dr. Theodore B. Sachs and Dr. William A. Evans, as well as the second Board, of Dr. Theodore B. Sachs, Dr. George B. Young and W. A. Wieboldt, have exerted their utmost efforts to create an institution that would be comprehensive in its arrangements to meet the needs of a tuberculosis situation in a large city.

During the entire period of construction of the Sanitarium the Board stood as a rock against any attempt to take advantage of the Institution. In this connection the support of the Mayors, the Finance Committee and the City Council has been always unqualified and in conformity with the high purposes of the undertaking.

Appreciation is due to Frank E. Wing, the Administrative Secretary of the Board, for the industry and executive ability which characterized his work during the five years of his connection with the organization.

To Dr. J. W. Coon, Superintendent of the Sanitarium, is due credit for directing the task of furnishing the Sanitarium and organizing its service.

To the Architects, Messrs. William A. Otis and Edwin H. Clark, appreciation is due for their able, well balanced and artistic work, as well as for their cooperation with the Board in protecting the interests of the public.

O. C. Simonds & Co. deserve credit for able execution of landscape work and other ground improvements.

Thanks are due to a number of hospital and sanitarium men in Chicago and other cities of this country for valuable advice furnished to the Committee on Plans, in the formulation of the innumerable details, in the course of planning of the Institution.

The splendid support given by this community and its newspapers is most gratefully acknowledged.

CONCLUSION

On March 9, 1915, the Chicago Municipal Tuberculosis Sanitarium opened its doors for the admission of patients and began its important task of efficient institutional treatment of tuberculosis in a community whose annual loss from this disease in 1914 was represented by 3,895 deaths.

The total institutional provision for tuberculosis in Chicago and Cook County is represented today by 2,055 beds in municipal, county and private sanitaria and hospitals, which provision is to be extended to 2,405 beds before the expiration of the present year, by the addition of twelve cottages at the Municipal Sanitarium, and the construction of a new private hospital for advanced cases. This stands out most prominently in comparison with the situation eight years ago, when the entire institutional provision for the care of tuberculosis in Chicago and Cook County consisted approximately of 300 beds, 250 of which were in the Tuberculosis Department of the County Poor House.

This great result has been achieved by a most persistent and well planned anti-tuberculosis campaign carried on in any community of this country.

Years of ceaseless effort gave Chicago this Institution, with its ultimate capacity of 950 beds, its liberal provisions for the treatment of various classes of tuberculosis cases, its 240 beds for children, its maternity department, its nursery for infants of tuberculous prospective mothers, its most comprehensive medical and laboratory facilities, its open air quarters for employes, its splendid medical and nursing staff selected by strict competitive civil service examinations, its 10 municipal tuberculosis dispensaries, its 35 dispensary physicians, its force of 55 field nurses, and its Bureau of Special Relief extending sanitarium methods of treatment to the homes of tuberculous sufferers.

The achievement gives Chicago the much needed foundation for efficient control of a most widespread disease.

Let this Institution forever stand as an expression of the determination of the City of Chicago to apply its motto "I Will" in the solution of its great municipal problems.

ADDENDA

DEDICATION EXERCISES
TUESDAY, FEBRUARY 16, 1915

The Very Reverend Peter J. O'Callaghan, C. S. P.

Invocation

Almighty God, Omnipotent Father of us all, Eternal Exemplar of justice and truth and beauty, Infinite Source of strength and health and life, we thank Thee for all that this day means! We thank Thee for the faith that makes all science possible, that makes us hope where there seems to be no hope; for the courage that cures or aims to cure the incurable; for the faith in justice amid many injustices; for the faith in the attainability of health in the midst of disease; for the faith in the attainability of life in the midst of death. We thank Thee for the faith that has inspired this Institution. We thank Thee for the hope that is in our hearts and for the hope that we shall give to others who are sick at heart as well as in body. We thank Thee for the charity that has made sweet the labor which has brought forth these real and positive achievements. We pray that Thou lay deep the foundations of faith and hope and charity in men's souls. Hospitals are not built of brick and mortar, but of men's ideals and of men's aspirations, and above all, of Thy help and inspirations. We thank Thee for all Thy help in inspiring the creation of this refuge for the afflicted and we pray Thee to continue to bless those who have made this Institution a reality by their works of love and by their persevering devotion. AMEN.

Introductory Address
by
Theodore B. Sachs, M. D., President of Board of Directors, Chicago Municipal Tuberculosis Sanitarium

Mr. Representative of the Mayor, members of the City Council, fellow tuberculosis workers, ladies and gentlemen: Years of incessant labor, without a day's intermission, are at an end and the Chicago Municipal Tuberculosis Sanitarium, completed, stands today with its doors open to give the tuberculous sufferer in this City a chance against the deadliest malady of mankind.

It stands as the expression of those finest sentiments of the community, the realization of which marks real progress toward brotherhood of man. It stands as a haven for the sufferer and as a protection to the community.

It was conceived in the sense of broadest sympathy and realized through years of toil and boundless devotion to the interests of this great City.

The magnitude of this undertaking, the liberality of the provisions for this Institution on the part of the citizens of Chicago, the broad scope of the organization which through its dispensaries, physicians and nurses reaches out into the innumerable recesses of the tuberculosis problem, the broadness of the scheme at present in operation, is but an expression of the great forces of progress which through all kinds of conditions have always animated Chicago during its comparatively brief period of existence and made this one of the greatest cities of modern times.

The Municipal Tuberculosis Sanitarium Act which made this and similar institutions possible in the State of Illinois has been written by a Chicagoan, State Senator Edward J. Glackin, who had the interest and the foresight to advance all the anti-tuberculosis legislation found in the statute books of the State of Illinois.

The money, under the provision of this Act for a special one-mill tax, became available in January, 1911.

The site was purchased in February.

From the start the Directors of the Sanitarium were confronted with great difficulties. The sentiment of the neighborhood had to be formulated in favor of the Institution. The ground was not drained and was devoid absolutely of any improvements, and was at a distance from the water, sewerage, gas and electric lighting systems of the City. At least one year was consumed in making this site what it is today, and in December, 1911, just three years ago, the ground was broken for the Power House, the first building to be erected.

The planning and the erection of 32 buildings proceeded with utmost dispatch, keeping pace with the proceeds of the one-mill tax, and today, as the result of incessant labor, utmost attention to every detail, ambition to make this a great institution and yet avoid the least semblance of unnecessary ornamentation, the result of utmost devotion to the interests of Chicago, most scrupulous economy extending to the protection of every penny of the public money, result of unceasing labor day and night, you have before you this great Institution built to the glory of Chicago, to stamp this City as one whose motto, "I WILL," signifies the determination to forge ahead, regardless of any obstacles, and to deal with the great municipal problems in an efficient and businesslike way.

The incessant educational campaign making this Institution possible was led by the Chicago Tuberculosis Institute, one of the foremost health organizations in this City, which, primarily originating in the Tuberculosis Committee of the Visiting Nurse Association, has for ten long years carried the torch of light to every section of this community.

This is, indeed, a most memorable day in the history of the local anti-tuberculosis movement.

The inauguration of this Institution will forever stand out most prominently in a health campaign, most systematically planned and most persistently fought.

It marks a significant advance in the control of one of the most important phases of the municipal health problem.

The ten years' campaign carried on by the Institute with unceasing fervor advanced this City from a position of neglect of a vast army of tuberculous sufferers in which the entire institutional provision in this City and County consisted eight years ago of 300 beds, chiefly in the County Institution, to a position in which this City and County has today 2,055 hospital and sanitarium beds, with this number to be increased to 2,405 beds in one year from now. It has, under the direction of this Institution, a well organized system of ten Municipal Tuberculosis Dispensaries, with a force of 35 physicians and 55 field nurses, who in the year of 1914 have studied, treated and followed up to their homes 14,972 cases, of which 8,595 have proved to be tuberculous. The Sanitarium has a Bureau of Special Relief, extending the advantages of sanitarium treatment to the homes of patients, and it maintains an educational propaganda that is revolutionizing the attitude of this community toward the problem of health. All this has been accomplished in the brief period of eight years and Chicago stands today acknowledged among the cities of this country for the comprehensiveness of its municipal plans against a disease, the mortality from which surpasses the casualties of greatest wars ever fought by humanity.

The Chicago Municipal Tuberculosis Sanitarium is not simply an institution for the care of patients. It is an organization of a sanitarium, dispensaries, field tuberculosis workers, auxiliary activities in the open air schools, a department rendering available sanitarium treatment at home and various other activities essential to the control of the disease.

The Institution itself is most comprehensively planned to meet the needs of a problem of great magnitude in a large city. It provides, in its ultimate capacity of 950 beds, 300 beds for Infirmary patients, 650 for ambulant cases, of which 240 are reserved for children. The infant of the tuberculous mother is taken care of in a special nursery, the first undertaking of its kind in this country. A Lying-in Hospital has its doors open to tuberculous prospective mothers, a class much neglected, to whom the City of Chicago for the first time in the history of any country extends its helping hand.

Various types of tuberculosis are taken care of in special departments, such as orthopedic, surgical, etc. The discharged patient, with his disease arrested, is offered an opportunity of remunerative labor, consistent with his health, in an arrangement in which one-third of the housing of the employes is in open air quarters, not different in any way from the quarters of the patients.

The medical, laboratory and X-ray facilities of the Sanitarium make this the most comprehensively built Sanitarium of the times.

The Architects, Messrs. W. A. Otis and E. H. Clark, have done their work ably and efficiently.

Three years of incessant labor, without a day's intermission, created this Institution for the glory of Chicago. The Board stood all these years impregnable in the effort to economically and efficiently spend the people's money. The first and present Board have stood as a rock against any attempt on the part of any one to take advantage of the Institution, until it became the by-word among all of those dealing with the Sanitarium that the Municipal Tuberculosis Sanitarium is a municipal business enterprise not different in any way from any other undertaking.

In this connection, may I state that through the entire period of construction of this Institution the Mayor has upheld the actions of the Board and lent the deaf ear to any attempt on the part of anyone to alter our course, always prompted by the consideration of the best interests of this community. He has been a friend of the Institution and it gives me great pleasure to state this on this public occasion.

To the City Council and its Finance Committee our utmost thanks are due for the uniformly kind attitude and ever ready co-operation.

Mr. Representative of the Mayor, it is a source of pleasure and an honor, as President of the Board of Directors of the Chicago Municipal Tuberculosis Sanitarium and Chairman of the Committee on Plans of this Institution, to present to you the keys to the completed Chicago Municipal Tuberculosis Sanitarium, which in the comprehensiveness of its arrangements expresses the determination of this community to efficiently cope with a great health problem. Let this Sanitarium always stand as an expression of this determination of a City unequaled in growth and unparalleled in spirit.

George B. Young, M. D., Commissioner of Health and Secretary of the Board, Representing the Mayor

The honor of representing the Mayor of Chicago in this connection is to me a most unexpected and, if I may be permitted to say so, a most unwelcome honor; unwelcome because I feel that I can but unworthily represent His Honor, Mayor Harrison, who in his capacity of advisor

and backer of the Sanitarium Board has done so much to make possible the Institution which you see. The Mayor greatly desired to be present today, and it was only after it was fully demonstrated that it would be inadvisable for him to take the long drive that he gave up coming.

His Honor gave me no instructions as to what I was to say, and in this he followed the policy which has governed him throughout the construction of the Sanitarium. He has at no time given the Board any instructions except to say that he wanted the Sanitarium built just as well as it could be built and as speedily as possible.

I feel justified in saying on behalf of the Mayor that he feels the Institution is typical in many respects of Chicago; that the Institution in the broadness of the ideals which inspired it and in the completeness with which those ideals have been realized is typical of the high purpose of the City of Chicago in regard to all public and civic matters.

This Institution is unique in many respects. It is the first completed institution of any size for the City's care of the sick and unfortunate of the city, and it is unique in the policy which will be enforced in the administration of its affairs as provided for by the state law which our honored Senator Glackin has done so much to put upon the statute books. This is not an institution where your money will go. The attitude of the City is that the care of the tuberculous is not a charity. This is not a charitable institution; it provides for the care of its own people. You are taking care of yourself when you come here. You are provided with the means of taking care of yourself. The motto of the Institution throughout will be: "Good enough for anybody and free for everybody."

Mr. Chairman, it gives me great pleasure to accept this key in behalf of the Mayor and to assure you that I will convey it to him. I am sure when he receives it he will be very proud that this great work is so nearly approaching completion and that erection has been done during his term as Mayor.

W. A. Wieboldt, Member of the Board of Directors

My dear associates, Honorable Members of the City Council, ladies and gentlemen:

You have heard a good deal about the Municipal Sanitarium by this time so that you are fairly informed as to its progress up to the present date. The greatest work, however, according to my ideas, is yet to come. That is the work which will have to be performed by the physicians and nurses of the Sanitarium. The accommodations and the surroundings, as you may already have noticed, have been made as pleasant as possible, to insure the comfort of the patients and render possible efficient medical and nursing work.

The buildings have been so planned and so arranged that patients can receive the best of care and the greatest comfort at the least expense to the municipality, as far as it is in keeping with the dignity of a large city like Chicago.

I give all those present and his Honor, the Mayor, and all members of the City Council, and the people of Chicago, the assurance that under the guidance of Dr. Sachs and Dr. Young, and with Dr. Coon at the head of the Institution as Medical Director and Superintendent, the affairs of the Sanitarium will be well taken care of and I hope that the City Council, as heretofore, will always provide ample funds to carry out the work as it was planned by the originators and on the lines on which it has been planned.

I hope that the professional world and the scientists will, through such work as the work of the Municipal Sanitarium, after long years, be able to stamp out this plague and that buildings of this kind will not be necessary and that 160-acre farms such as this one can be then used for recreation spots for old and young.

Senator Edward J. Glackin

Mr. Representative of the Mayor, President, ladies and gentlemen:

When I awoke and looked out upon Chicago this morning I knew what the weather forecaster would say. His edict would be "A dark, cheerless day"—when in fact it is one of the brightest and happiest days in the history of Chicago.

This Institution is and will be a monument for all times to the men and women who have made it possible for Chicago to have this—the grandest Institution of its kind in this country.

I want to say a few words in regard to the origin of this Institution. Ten years ago, while a member of the House of Representatives, I saw the great need of an institution of this kind. I formulated a bill for a state institution. This bill was passed, but vetoed by the Governor on account of insufficient funds in the State Treasury. Seeing that it was utterly impossible to have a bill passed providing for a state institution, I formulated a bill providing for a municipal tuberculosis sanitarium. I returned to Springfield two years later, not as Representative, but as State Senator, with a bill of this kind, which carried with it a 4-mill tax. This bill was passed and when we were ready to submit this bill to a referendum vote it was thought advisable by the people interested to amend the act by reducing the tax from 4 mills to 1 mill. This was done, and at the present time, at this reduced rate, it brings about $900,000 annually.

When submitted to the people of Chicago in April, 1909, out of 254,025 voters who cast their ballots at that election, 206,640, or 81 percent, voted on the proposition. To prove to you that Chicago welcomed this Sanitarium Act with open arms, it received a tremendous majority—167,230 "For" and 39,410 "Against" it.

After the election, Mayor Busse appointed Dr. Theodore B. Sachs, Mr. Harlow N. Higinbotham and Dr. William A. Evans as the first Board of Directors.

The people of Chicago can never realize how extremely fortunate they were in the selection of such able men.

The question continually arose as to whether this one mill tax was separate from the corporate tax of the City. In order to dispel any doubt and to enlarge the power of the Board of Directors to establish dispensaries and to do any and all things which in their judgment tended to prevent or cure tuberculosis, I introduced an amendment to that effect, which was passed at the last session of the legislature.

The construction period of this Institution has been three years.

The present Board of Directors consists of Dr. Theodore B. Sachs, President, Mr. W. A. Wieboldt and Dr. George B. Young.

Mr. Frank E. Wing is Administrative Secretary.

The Institution as it stands today is the result of the untiring energy of these men.

I should not fail to mention the unqualified support given by the Chicago Tuberculosis Institute, all the newspapers of this city, the City Council, the members of the Legislature, Mr. James Minnick, Superintendent of the Institute, and others actively engaged in tuberculosis work.

Not only from the viewpoint of the people of Chicago, but from the side of humanity, this noble work, completed under Mayor Harrison's administration, with his unqualified support, stands today as the greatest in this country.

As to the President, Dr. Theodore B. Sachs, one of the greatest authorities on tuberculosis, the people of Chicago owe a debt of gratitude which can never be repaid either by this generation or generations which follow.

As for Dr. Young and Dr. William A. Evans, whose names stand out prominently as two of the ablest medical officers of this country, and who rendered important service in this undertaking, and as for Mr. Harlow N. Higinbotham and Mr. W. A. Wieboldt (two of our great men in the commercial world), and as for Mr. Frank E. Wing, Administrative Secretary, who has untiringly devoted his energies to this undertaking—the people of Chicago should never forget the noble work accomplished by them.

As to your humble servant, he sees his dream realized; sees the work completed; sees the doors open here to rich and poor alike, that all sufferers may be helped—no matter what their position in life may be, the humble or the mighty, all on an equal footing.

As I worked in the past for this Institution, I shall continue to the end. With the able assistance of the Mayor, and the Board of Directors, and the noble men and women who have helped in this worthy cause, nothing but success could crown the Chicago Municipal Tuberculosis Sanitarium.

ADDENDA

THE ILLINOIS CITY AND VILLAGE TUBERCULOSIS LAW

The Act and Amendment introduced in the Illinois Legislature by Senator Edward J. Glackin of Chicago. Original Act passed by the Legislature at its Forty-Fifth Adjourned Session and became operative July 1, 1908; first Amendment Passed at the Forty-Sixth Session (1909); second Amendment at the Forty-Eighth Session (1913)

Section 1.—Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Article 1. That the city council of cities and boards of trustees in villages of this State shall have the power, in the manner hereinafter provided, to establish and maintain a public sanitarium and branches, dispensaries and other auxiliary institutions connected with same, within or without the limits of such cities and villages, for the use and benefit of the inhabitants of such city or village for the treatment and care of persons afflicted with tuberculosis, and shall have the power to levy a tax not to exceed one mill on the dollar annually on all taxable property of such city or village, such tax to be levied and collected in like manner with the general taxes of the said city or village and to be known as the "Tuberculosis Sanitarium Fund," which said tax shall be in addition to all other taxes which such city or village is now or hereafter may be authorized to levy on the aggregate valuation of all property within such city or village, and the county clerk, in reducing tax levies under the provisions of section two (2) of an Act, entitled "An act to amend section two (2) of an Act, entitled 'An Act concerning the levy and extension of taxes,' approved May 9, 1901, in force July 1, 1901, as amended by an Act Approved March 29, 1905, in force July 1, 1905," approved June 14, 1909, in force July 1, 1909, shall not consider the tax for said "Tuberculosis Sanitarium Fund" authorized by this Act as a part of the general tax levy for city or village purposes, and shall not include the same in the limitation of three (3) per cent of the assessed valuation on which taxes are required to be extended.

Article 2. When one hundred legal voters of any such city or village shall present a petition to the city council or board of trustees of such city or village, as the case may be, asking that an annual tax may be levied for the establishment and maintenance of a public tuberculosis

sanitarium in such city or village, such city council or board of trustees, as the case may be, shall instruct the city or village clerk to, and the city or village clerk shall, in the next legal notice of the regular annual election in such city or village, give notice that every elector may vote "For the levy of a tax for a public tuberculosis sanitarium," or "Against the levy of a tax for a public tuberculosis sanitarium," and if the majority of all votes cast upon the proposition is, that such city or village shall be "for the tax for a public tuberculosis sanitarium," the city council or board of trustees of such city or village shall thereafter annually levy a tax of not to exceed one mill on the dollar, which tax shall be collected in like manner with other general taxes in such city or village and shall be known as the "Tuberculosis Sanitarium Fund," and thereafter the city council or board of trustees, as the case may be, of such city or village shall include and appropriate from such fund in the annual appropriation bill such sum or sums of money as may be deemed necessary to defray all necessary expenses and liabilities of such tuberculosis sanitariums.

Article 3. When any such city council or board of trustees shall have decided to establish and maintain a public tuberculosis sanitarium under this Act, the mayor of such cities and the president of the board of trustees of such villages shall, with the approval of the city council or board of trustees, as the case may be, proceed to appoint a board of three directors, one of whom, in cities or villages having a board of health, shall be from such board of health, and the other two from the citizens at large and shall be chosen with reference to their special fitness for such office.

Article 4. Said directors shall hold office one-third for one year, one-third for two years and one-third for three years from the first of July following their appointment, and at their first regular meeting shall cast lots for the respective terms; and annually thereafter the mayor or president of the board of trustees, as the case may be, shall, before the first of July (of) each year, appoint as before, one director to take the place of the retiring director, who shall hold office for three years and until his successor is appointed. The mayor or president of the board of trustees, as the case may be, by and with the consent of the city council or board of trustees, as the case may be, may remove any director for misconduct or neglect of duty.

Article 5. Vacancies in the board of directors, occasioned by removal, resignation or otherwise, shall be reported to the city council or board of trustees, as the case may be, and be filled in like manner as original appointments, and no director shall receive compensation as such

and shall not be interested, directly or indirectly, in the purchase or sale of any supplies for said sanitarium.

Article 6. Said directors shall, immediately after appointment, meet and organize by the election of one of their number president and one as secretary, and by the election of such other officers as they may deem necessary. They shall make and adopt such by-laws, rules and regulations for their own guidance and for the government of the Sanitarium and the branches, dispensaries and auxiliary institutions and activities connected therewith as may be expedient, not inconsistent with this act and the ordinances of such city or village. They shall have the exclusive control of the expenditure of all moneys collected to the credit of the "Tuberculosis Sanitarium Fund," and of the construction of any sanitarium building or other buildings necessary for its branches, dispensaries and other auxiliary institutions and activities in connection with said institution, and of the supervision, care and custody of the grounds, rooms or buildings constructed, leased or set apart for that purpose: Provided, that all moneys received for such sanitarium shall be deposited in the treasury of said village or city to the credit of the "Tuberculosis Sanitarium Fund," and shall not be used for any other purpose, and shall be drawn upon by the proper officers of said city or village upon the properly authenticated vouchers of the Sanitarium Board. Said board shall have the power to purchase or lease ground within or without the limits of such city or village, and to occupy, lease or erect an appropriate building or buildings for the use of said sanitarium, branches, dispensaries and other auxiliary institutions and activities connected therewith, by and with the approval of the city council or board of trustees, as the case may be; and shall have the power to appoint suitable superintendents or matrons, or both, and all necessary assistants, and fix their compensations, and shall also have the power to remove such appointees, and shall in general carry out the spirit and intent of this act in establishing and maintaining a public sanitarium, and one or all of said directors shall visit and examine said sanitarium at least twice in each month and make monthly reports of its condition to the city council or board of trustees, as the case may be.

Article 7. Every sanitarium established under this Act shall be free for the benefit of the inhabitants of such city or village who may be afflicted with tuberculosis, and they shall be entitled to occupancy, nursing, care, medicines and attendance according to the rules and regulations prescribed by said Board. Such sanitarium shall always be subject to such reasonable rules and regulations as said Board may adopt in order to render the use of said sanitarium of the greatest benefit to the

greatest number, and said Board may exclude from the use of said sanitarium any and all inhabitants and persons who shall wilfully violate such rules or regulations.

Provided, however, that no person so afflicted be compelled to enter such sanitarium, or any of its branches, dispensaries or other auxiliary institutions without his consent in writing first having been obtained, or in case of a minor or one under a disability the consent in writing of the parents, guardian or conservator, as the case may be.

Said board shall, upon request or by consent of the party afflicted or the legal guardian, conservator or parents thereof, have the power to extend the benefits and privileges of such institution, under proper rules and regulations, into the homes of persons afflicted with tuberculosis, and to furnish nurses, instruction, medicines, attendance and all other aid necessary to effect a cure, and to do all things in and about the treatment and care of persons so afflicted which will have a tendency to effect a cure of the person or persons afflicted therewith and to stamp out tuberculosis in such city or village.

And said board may extend the privileges and use of such sanitarium and treatment to persons residing outside of such city or village in this State so afflicted, upon such terms and conditions as said board may from time to time by its rules and regulations prescribe.

Article 8. Said board of directors, in the name of the city or village, may receive from any inhabitant or person any contribution or donation of money or property, and shall pay over to said city or village treasurer all moneys thus received as often as once in each month and shall take the receipt of such treasurer therefor; and shall also, at the regular monthly meeting of the city council or board of trustees, report to such city council or board of trustees the names of such persons or inhabitants from whom any such contribution or donation has been received and the amount and nature of property so received from such and the date when the same was received. And said board of directors shall make, on or before the second Monday in June of each year, an annual report to the city council or board of trustees, as the case may be, stating the condition of their trust on the first day of June of that year, the various sums of money received from the "Sanitarium Fund" and from other sources and how such moneys have been expended and for what purposes; the number of patients and such other statistics, information and suggestions as they may deem of general interest.

Article 9. When such sanitarium is established, the physicians, nurses, attendants, the persons sick therein and all persons approaching or coming within the limits of the same or grounds thereof, and all furniture and other articles used or brought there, shall be subject to such rules and regulations as said board may prescribe; and such rules and regulations shall extend to all branches, dispensaries and other auxiliary institutions located within or without such city or village and to all employees in same, and to all employees sent to the homes of the afflicted as herein provided for.

Article 10. Any person desiring to make any donation, bequest or devise of any money, personal property or real estate for the benefit of such sanitarium shall have the right to vest the title to the money, personal property or real estate so donated to the board of directors created under this act, to be held and controlled by such board, when accepted, according to the terms of the deed, gift, devise or bequest of such property and as to such property the said board shall be held and considered to be special trustees.

Article 11. All reputable physicians shall have equal privileges in treating patients in said sanitarium.

ADDENDA

CLASSIFIED STATEMENT OF YEARLY EXPENDITURES CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

September 1, 1910, to December 31, 1914

	16 months, 1910-1911.	1912.	1913.	1914.	Total to Dec. 31, 1914.
General Office Expense—					
Salaries—					
Officers and clerks	$ 6,684.71	$ 6,569.52	$ 6,667.90	$10,385.33	$30,307.46
Rent	1,702.00	1,800.00	1,200.03	1,511.40	6,213.40
Electricity	24.00	36.00	30.00	39.50	129.50
Stationery, printing and office supplies	579.90	213.32	225.42	459.01	1,477.65
Postage	170.00	152.34	147.82	193.45	663.61
Telephone, telegraph, express, etc.	142.39	84.07	73.40	34.93	334.79
Water, towel supply, cleaning, etc.	75.13	31.95	46.50	69.77	223.35
Traveling	205.20	462.93	1,315.82	1,615.52	3,599.47
Photos, cuts, slides, etc.	156.81	49.77	30.75	303.38	540.71
Books, magazines, papers, etc.	91.34	51.92	37.73	127.91	308.90
Miscellaneous	93.14	107.08	92.47	375.94	668.63
Total	**$ 9,924.62**	**$ 9,558.90**	**$ 9,867.81**	**$15,116.14**	**$44,467.47**
Dispensary Dept.					
Dispensaries—					
Salaries—					
Physicians	.....	.....	15,446.31	20,108.31	35,554.62
Nurses	25,144.13	32,146.96	36,012.70	39,560.54	132,864.33
Clerks	1,723.89	2,787.30	3,295.33	4,230.24	12,036.76
Microscopist	.....	.....	1,599.96	1,439.04	3,039.00
Rent	813.00	1,370.00	2,250.00	3,319.90	7,752.90
Light, heat, cleaning, etc.	392.21	785.76	1,212.05	1,275.18	3,665.20
Supplies	2,763.25	3,581.75	10,144.75	4,414.02	20,903.77
Postage	388.83	545.86	369.30	483.34	1,787.33
Telephone, telegraph, express, etc.	459.35	671.61	751.95	870.44	2,753.35
Drugs, medicines, etc.	1,021.85	1,755.23	2,583.52	3,389.26	8,749.86
Nurses' car fares	1,236.36	1,342.36	1,436.89	1,324.02	5,339.63
Laundry	386.91	620.07	837.11	1,130.69	2,974.78
Miscellaneous	222.25	376.58	335.95	761.93	1,696.71
Total	**$34,552.03**	**$45,983.45**	**$76,275.82**	**$82,306.91**	**$239,118.24**
Bureau of Special Relief—					
Total	.....	.....	.....	**1,181.19**	**1,181.19**
Open Air Schools—					
Salaries—Physicians	.....	.....	.....	867.95	867.95
Nurses	.....	.....	.....	3,472.81	3,472.81
Drugs	.....	.....	.....	3.10	3.10
Food	.....	.....	.....	7,235.27	7,235.27
***Total**	.....	.....	.....	**$11,579.13**	**$11,579.13**
Educational Dept.—					
Total	.....	.....	**1,222.87**	**4,276.08**	**5,498.95**

*Open Air School expense for 1912 and 1913 included in Dispensary Distribution.

CLASSIFIED STATEMENT—Continued

	16 months, 1910-1911.	1912.	1913.	1914.	Total to Dec. 31, 1914.
Sanitarium—					
Administration—					
Total	.....	.....	.....	**$ 1,782.05**	**$ 1,782.05**
House and Property Expense—					
Electricity and supplies	.....	.....	$ 132.63	$ 91.48	$ 224.11
Fuel—Coal, wood and kindling	.....	.....	3,060.89	5,696.18	8,757.07
Oil, waste and gasoline	.....	.....	171.69	93.18	264.87
Maintenance—Real Estate and Bldgs.—					
Salaries and wages	.....	.....	3,134.27	.....	3,134.27
Materials and supplies	.....	.....	.....	10.46	10.46
Maintenance—Machinery and Tools—					
Salaries and wages	.....	.....	6,706.40	13,805.32	20,511.72
Materials and supplies	.....	.....	744.81	584.81	1,329.62
Insurance	.....	.....	.....	3,982.00	3,982.00
Miscellaneous	.....	.....	105.18	127.17	232.35
Total	.....	.....	$ 14,055.87	$ 24,390.60	$ 38,446.47
Total Sanitarium	.....	.....	**14,055.87**	**26,172.65**	**40,228.52**
Equipment—					
General office	$ 771.55	$ 301.80	299.18	353.02	1,725.55
Dispensary Dept.—					
Central office	406.15	54.74	.....	249.23	710.12
Dispensaries	947.15	1,031.04	503.67	875.14	3,357.00
Educational	.....	.....	.....	1.40	1.40
Sanitarium	.....	.....	527.85	3,332.37	3,860.22
Total	**$ 2,124.85**	**$ 1,387.58**	**$ 1,330.70**	**$ 4,811.16**	**$ 9,654.29**
Miscellaneous—					
Sanitarium—Ground and improvem'ts	163,235.31	29,466.80	41,160.43	47,426.72	281,289.26
Bldgs. and architects' fees	9,938.05	268,510.23	758,712.17	515,115.73	1,552,276.18
Total	$173,173.36	$297,977.03	$799,872.60	$562,542.45	$1,833,565.44
Dispensary Dept.—					
Land	.....	.....	.....	9,750.00	9,750.00
Architects' fees	.....	.....	.....	1,200.00	1,200.00
Total	.....	.....	.....	$ 10,950.00	$ 10,950.00
Total Miscellaneous	**$173,173.36**	**$297,977.03**	**$799,872.60**	**573,492.45**	**1,844,515.44**
Total expense as shown by Expense Distribution Ledger	**$219,774.86**	**$354,906.99**	**$902,625.67**	**$718,935.71**	**$2,196,243.23**
Bal. in G. O. stores	566.25	.....	.....	.....	614.57
Reduction in stores account	.....	23.56	26.13	.....	.....
Inc. in stores acct.	.....	.....	.....	98.01	.....
Grand total of expenditures	**$220,341.11**	**$354,883.43**	**$902,599.54**	**$719,033.72**	**$2,196,857.80**

ADDENDA.

RECEIPTS AND EXPENDITURES BY YEARS
Also Available Balance January 1 of Each Year
Sept. 1, 1910, to Dec. 31, 1911

Receipts:		
Revenue from Taxes (Levy of 1910)	$407,937.39	
Miscellaneous Revenue	315.00	
Accrued Interest on Deposits to Nov. 30, 1911	915.88	
Total Receipts		**$409,168.27**
Expenditures:		
General Office Stores Account (Supplies on Hand in Storeroom, Available for Future Requisition by Various Departments)	$ 566.25	
General Office—Administration	9,924.62	
Dispensary Department	34,552.03	
Equipment—General Office and Dispensary Dept.	2,124.85	
Sanitarium Department:		
Land and Improvements	163,235.31	
Buildings (Architects' Fees, $9,000.00)	9,938.05	
Total Expenditures		**$220,341.11**
Available Balance Dec. 31, 1911		$188,827.16

Jan. 1 to Dec. 31, 1912

Receipts:			
Unexpended Balance Jan. 1, 1912			$188,827.16
Revenue from Taxes (Levy of 1911)			268,857.77
Miscellaneous Revenue			150.00
Accrued Interest on Deposits, Dec. 1, 1911, to Nov. 30, 1912			5,521.44
Total Receipts			**$463,356.37**
Expenditures:			
Gen'l Office—Administration		$ 9,558.90	
Dispensary Department	$ 45,983.48		
Less Reduction in Stores Account	23.56	45,959.92	
Account	23.56		
Equipment—			
General Office	$ 301.80		
Dispensary Department	1,085.78	1,387.58	
Sanitarium:			
Ground Improvements (Sewer and Water Lines and Landscape Work)	$ 29,466.80		
Less Rebate on 1911 Assessment for Water Main on 40th Avenue	1,996.28	27,470.52	
Buildings:			
Construction	$237,174.46		
Architects' Fees	28,657.77		
Clerks of the Works	2,678.00	268,510.23	
Total Expenditures			**$352,887.15**
Available Balance, December 31, 1912			$110,469.22

ADDENDA.

RECEIPTS AND EXPENDITURES BY YEARS—Continued
Jan. 1, 1913, to Dec. 31, 1913

Receipts:			
Unexpended Balance Jan. 1, 1913			$110,469.22
Revenue from Taxes (Levy of 1912)	$900,759.28		
Less Interest on Tax Warrants	115.89	900,643.39	
Miscellaneous Revenue		55.00	
Accrued Interest on Deposits, Dec. 1, 1912, to Nov. 30, 1913		3,776.96	
Total Receipts			**$1,014,944.57**
Expenditures:			
General Office—Administration		$ 9,867.81	
Dispensary Department	76,275.82		
Less Reduction in Stores Account	26.13	76,249.69	
Equipment:			
General Office	299.18		
Dispensary	503.67		
Sanitarium	527.85	1,330.70	
Sanitarium Maintenance		14,055.87	
Educational		1,222.87	
Miscellaneous:			
Ground Improvements	41,160.43		
Buildings	758,712.17	799,872.60	
Total Expenditures			**$ 902,559.54**
Available Balance, Dec. 31, 1913			$112,345.03

Jan. 1, 1914, to Dec. 31, 1914

Receipts:			
Unexpended Balance Jan. 1, 1914			$112,345.03
Revenue from Taxes (Levy of 1913)			900,702.22
Miscellaneous Revenue			3.37
Accrued Interest on Deposits Dec. 1, 1913, to Nov. 30, 1914			4,742.57
Total Receipts			**$1,017,793.19**
Expenditures:			
General Office—Administration		$ 15,116.14	
General Office—Increase in Stores		98.01	
Dispensary Department:			
Dispensaries	$ 82,306.91		
Bureau of Relief	1,181.19		
Open Air Schools	11,579.13	95,067.23	
Educational Department—Exhibit		4,276.08	
Sanitarium Department:			
Administrative Expense	1,782.05		
General House and Property Expense	24,390.60	26,172.65	
Equipment:			
General Office	353.02		
Dispensary Department	1,124.37		
Exhibit	1.40		
Sanitarium	3,332.37	4,811.16	
Miscellaneous:			
Sanitarium—Ground Improvements	47,426.72		
Buildings and Architects' Fees	515,115.73		
Dispensary Department—Land	9,750.00		
Architects' Fees	1,200.00	573,492.45	
Total Expenditures			**$ 719,033.72**
Available Balance Dec. 31, 1914			$298,759.47

ADDENDA

MORTALITY STATISTICS FROM TUBERCULOSIS IN CHICAGO.

(HEALTH DEPARTMENT)

Year	Number of Deaths			Death Rate per 100,000		
	Pulmonary	Other	All Forms	Pulmonary	Other	All Forms
1871	500	329	829	149.6	98.4	248.0
1872	710	299	1,009	193.3	81.4	274.6
1873	639	291	930	168.2	76.6	244.7
1874	630	234	864	159.3	59.2	218.5
1875	694	186	880	173.3	46.4	219.7
1876	732	154	886	179.6	37.8	217.3
1877	733	180	913	170.5	41.9	212.3
1878	697	159	856	159.6	36.4	196.0
1879	745	109	854	151.6	22.2	173.7
1880	875	106	981	173.9	21.1	195.0
1881	1,059	132	1,191	196.1	24.4	220.6
1882	1,055	128	1,183	188.1	22.8	211.0
1883	1,035	115	1,150	178.4	19.8	198.3
1884	1,035	150	1,185	164.3	23.8	188.1
1885	1,181	108	1,289	177.6	16.2	193.8
1886	1,230	147	1,377	174.8	20.9	195.7
1887	1,373	167	1,540	180.7	22.0	202.6
1888	1,462	154	1,616	182.1	19.2	201.3
1889	1,542	150	1,692	164.9	16.0	181.0
1890	2,010	211	2,221	182.8	19.2	201.9
1891	2,120	280	2,400	184.5	24.4	208.9
1892	2,187	196	2,383	182.3	16.3	198.6
1893	2,362	285	2,647	188.5	22.7	211.2
1894	2,191	308	2,499	167.4	23.5	191.0
1895	2,174	289	2,463	159.1	21.1	180.2
1896	2,319	348	2,667	162.4	24.4	186.8
1897	2,182	392	2,574	146.4	26.3	172.6
1898	2,416	413	2,829	155.2	26.5	181.7
1899	2,516	394	2,910	154.7	24.2	178.9
1900	2,599	354	2,953	153.0	20.8	173.9
1901	2,495	379	2,874	142.4	21.6	164.0
1902	2,556	423	2,979	141.9	23.5	165.4
1903	2,869	508	3,377	155.0	27.5	182.5
1904	3,131	412	3,543	164.8	21.7	186.5
1905	3,203	471	3,674	164.6	24.2	188.8
1906	3,224	613	3,837	161.3	30.7	192.0
1907	3,512	527	4,039	171.5	25.7	197.2
1908	3,418	497	3,915	163.0	23.7	186.7
1909	3,346	539	3,885	155.9	25.1	181.0
1910	3,366	542	3,908	153.3	24.7	178.0
1911	3,313	413	3,726	147.5	18.5	166.0
1912	3,243	520	3,763	141.32	22.66	163.98
1913	3,298	568	3,866	140.69	24.23	164.92
1914	3,384	524	3,908	141.39	21.89	163.28

ADDENDA

STATISTICS OF MUNICIPAL REGISTRATION OF TUBERCULOSIS IN CHICAGO.

(HEALTH DEPARTMENT)

Year	1906	1907	1908	1909	1910	1911	1912	1913	1914
Number of cases—all forms	277	919	2,577	4,089	6,121	8,152	7,512	9,315	10,009

EXAMINATIONS OF SPUTUM

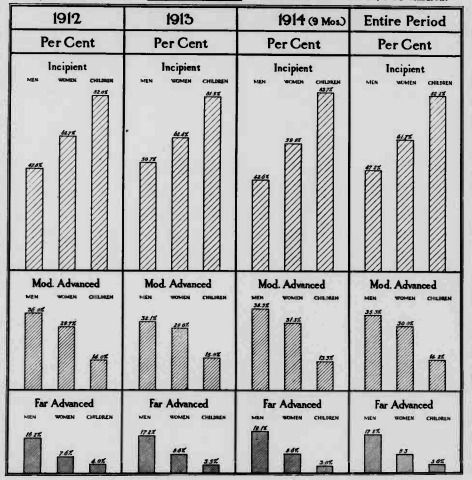
By the Bacteriologist of the Dispensary Department of the Chicago Municipal Tuberculosis Sanitarium (Stationed in the Laboratory of the Health Department, City Hall, Chicago)

YEAR	NUMBER OF EXAMINATIONS	POSITIVE	NEGATIVE
1913	4,666	1,258	3,408
1914	6,558	1,796	4,762
TOTAL (2 Years)	11,224	3,054	8,170

ADDENDA

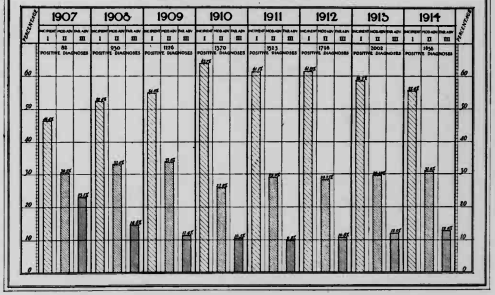
Relative Number of MEN, WOMEN and CHILDREN
in Incipient, Moderately Advanced and Far Advanced Stages
Of PULMONARY TUBERCULOSIS
on admission to CHICAGO MUNICIPAL TUBERCULOSIS DISPENSARIES
During the Period = Jan. 1, 1912 = Sept. 30, 1914. (2 Yrs. 9 Mos.)

Figures based on 5458 POSITIVE CASES = 2576 Men; 2135 Women; 746 Children.



ADDENDA

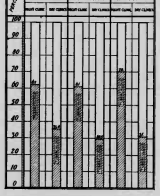
CLASSIFICATION According to STAGE of the DISEASE
Of 10,550 Cases of PULMONARY TUBERCULOSIS (all ages)
on admission to
CHICAGO MUNICIPAL TUBERCULOSIS DISPENSARIES
Seven Year Period = Oct. 1, 1907 = Sept. 30, 1914.



The NIGHT CLINIC versus the DAY CLINIC as a
Means of EARLY DETECTION of PULMONARY TUBERCULOSIS

Experience during the past 3 years in the NIGHT CLINIC of the IROQUOIS MEMORIAL DISPENSARY as compared with that in DAY CLINICS of all other Dispensaries of the CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

The NIGHT CLINIC shows higher percentage of POSITIVE DIAGNOSES

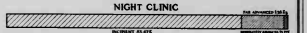


The NIGHT CLINIC shows higher percentage of EARLY DIAGNOSES

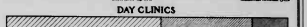
Diagnosis according to STAGE of Disease	1912				1913				1914 (9 Mos.)			
	DAY CLINICS		NIGHT CLINIC		DAY CLINICS		NIGHT CLINIC		DAY CLINICS		NIGHT CLINIC	
	POSITIVE DIAGNOSES	PER CENT OF TOTAL DIAGNOSES	POSITIVE DIAGNOSES	PER CENT OF TOTAL DIAGNOSES	POSITIVE DIAGNOSES	PER CENT OF TOTAL DIAGNOSES	POSITIVE DIAGNOSES	PER CENT OF TOTAL DIAGNOSES	POSITIVE DIAGNOSES	PER CENT OF TOTAL DIAGNOSES	POSITIVE DIAGNOSES	PER CENT OF TOTAL DIAGNOSES
Incipient	885	32.76%	81	49.1%	1029	53.6%	83	66.4%	783	49.1%	77	61.3%
Mod. Advanced	547	21.61%	14	11.8%	591	30.8%	32	25.6%	371	35.2%	23	18.7%
Far Advanced	178	10.61%	1	1.4%	133	13.9%	3	2.3%	220	13.8%	—	—
Total	2711	100%	96	100%	1781	100%	118	100%	1574	100%	80	100%

Experience in last 3 years

NIGHT CLINIC



DAY CLINICS



ADDENDA

DIRECTORY OF TUBERCULOSIS INSTITUTIONS IN CHICAGO AND COOK COUNTY

Private Sanitaria and Hospitals		**Capacity**
Edward Sanatorium, Naperville, Illinois	95 beds	
Chicago Fresh Air Hospital, Chicago, Ill.	95 beds	
Chicago-Winfield Sanatorium, Winfield, Illinois	95 beds	
Ridge Farm Preventorium, Deerfield, Illinois.	27 beds	
Home for Destitute and Crippled Children, 1653 Park Avenue, Chicago, Illinois	26 beds	
Otto Young Pavilion, Department of the Home for Incurables, 57th Street and Ellis Avenue, Chicago, Illinois	68 beds	
Total		406 beds
Public Sanitaria and Hospitals		
Chicago Municipal Tuberculosis Sanitarium, North Crawford and Bryn Mawr Avenues, Chicago, Illinois, capacity on the day of opening	650 beds	
Tuberculosis Department of the Cook County Hospital, Lincoln near Harrison Street	324 beds	
Tuberculosis Department of the Cook County Infirmary, Oak Forest, Illinois	675 beds	
Total		1,649 beds
		2,055 beds
Illinois Sanitaria Outside of Cook County		
Private		
Ottawa Tent Colony, Ottawa, Illinois		60 beds
Springfield Open Air Colony, Springfield, Illinois		30 beds
Harrison Tuberculosis Colony Association, Collinsville, Madison County, Illinois		12 beds
The Olney Sanitarium, Olney, Richmond County, Illinois (Limited number of tuberculous patients)		
Public		
Lake Breeze Sanatorium, Waukegan, Illinois		32 beds

ADDENDA

DIRECTORY OF TUBERCULOSIS ORGANIZATIONS IN CHICAGO

THE CHICAGO TUBERCULOSIS INSTITUTE,
Room 1212, No. 8 South Dearborn Street, Chicago, Illinois.
Theodore B. Sachs, M. D., President.
Sherman C. Kingsley, Secretary.
James Minnick, Superintendent.

THE ILLINOIS STATE ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS
Room 1212, No. 8 South Dearborn Street, Chicago, Illinois
George Thomas Palmer, M. D., Springfield, Illinois, President.
James Minnick, Chicago, Secretary.

THE JEWISH CONSUMPTIVES' RELIEF SOCIETY,
West Side Trust & Savings Bank Building, Southeast Corner of 12th and Halsted Streets, Chicago, Illinois.
Mrs. I. J. Robin, President.
Mrs. L. C. Barnett, Secretary.

ADDENDA

DISPENSARY DEPARTMENT

Of the Municipal Tuberculosis Sanitarium

MEDICAL ADVISORY STAFF

Ethan A. Gray
Theodore B. Sachs
Charles Segal
O. W. McMichael
John Ritter
James J. Cole
Clarence L. Wheaton
Katharine B. Rich
George A. Gardner
Clyde D. Pence
H. C. Miller
Stephen R. Pietrowicz

ATTENDING DISPENSARY PHYSICIANS

Head Physicians

James J. Cole
George A. Gardner
O. W. McMichael
H. C. Miller
Clyde D. Pence
Katharine B. Rich
Stephen R. Pietrowicz
John Ritter
Charles Segal
Clarence L. Wheaton

Attending Physicians

Wilson R. Abbott
Maurice L. Blatt
George N. Beecher
Max Biesenthal
Willard W. Dicker
William G. Epstein
Frank J. Fara
Meta E. Franke
George Halperin
Robert H. Hayes
Edward N. Heacock
Arthur H. R. Krueger
Max I. Leviton
Maurice Lewison
Patrick E. Mills
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Eugene J. O'Neill
William E. Putz
Maurice Reinhart
C. T. Shearer
Solomon Strouse
Isadore M. Trace
G. W. Wagner

Volunteer Physicians

A. Wilberforce Williams
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FIELD NURSES

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Rosalind Mackay

Head Field Nurses

Barbara H. Bartlett
Olive E. Beason
Katherine M. Canfield
Fannie J. Davenport
Anna M. Drake
Maude F. Essig
Frances M. Heinrich
Mary MacConachie
Annie Morrison
Grace M. Saville
Mabelle E. Smith
Florence Spencer

Field Nurses

H. Winifred Alder
Anna G. Barrett
Ella M. Bland
Mabel F. Cleveland
Elrene M. Coombs
Delia L. Corbett
Margaret M. Coughlin
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Laura E. Crawford
Roxie A. S. Dentz
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Mary Elizabeth Egbert
Sara D. Faroll
Mary Fraser
Augusta A. Gough
Pearl Guynes
Margaret Hanrahan
Emma C. Hedlund
Laura K. Hill
Isabella Jensen
Gena Johnson
Emma E. Jones
Letta D. Jones
Jeanette Kipp
Elsa Lund
Allie McBothe
Isabel McKay
Anna V. McVady
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Gertrude Parish
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D. E. Poston
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Ethel Rinker
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Florence T. Singleton
Ellen Sizelove
Harriette E. Stahley
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